

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: AL**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: AL**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 11,723,121

A.Preventive and primary care for children:

\$ 4,318,434 ( 36.84%)

B.Children with special health care needs:

\$ 3,516,937 ( 30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 1,172,311 ( 10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 32,988,189

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 4,505,688

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 47,906,361

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 15,408,615

\$ 85,400,238

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 97,123,359

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 67,930

c. CISS: \$ 0

d. Abstinence Education: \$ 943,608

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 137,395,102

h. AIDS: \$ 6,300,199

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Hemophilia of Ga. \$ 28,700

Immunizations \$ 47,147,072

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 191,882,611

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 289,005,970

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: AL**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 12,415,310	\$ 11,774,490	\$ 12,348,338	\$ 11,764,724	\$ 11,940,000	\$ 11,395,148
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 25,410,662	\$ 27,307,112	\$ 22,604,116	\$ 21,127,522	\$ 33,146,271	\$ 27,644,713
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 3,301,009	\$ 3,286,258	\$ 4,217,138	\$ 3,749,856	\$ 4,313,726	\$ 3,794,909
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 32,428,814	\$ 31,096,592	\$ 33,592,222	\$ 33,578,277	\$ 30,486,301	\$ 33,851,693
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 73,555,795	\$ 73,464,452	\$ 72,761,814	\$ 70,220,379	\$ 79,886,298	\$ 76,686,463
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 115,989,200	\$ 138,834,648	\$ 137,730,249	\$ 169,023,409	\$ 138,820,269	\$ 183,383,141
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 189,544,995	\$ 212,299,100	\$ 210,492,063	\$ 239,243,788	\$ 218,706,567	\$ 260,069,604
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: AL**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 11,875,207	\$ 11,670,784	\$ 11,683,733		\$ 11,723,121	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 27,626,462	\$ 32,765,125	\$ 31,201,723		\$ 32,988,189	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 3,894,284	\$ 3,794,909	\$ 4,860,537		\$ 4,505,688	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 35,037,072	\$ 42,332,334	\$ 41,643,312		\$ 47,906,361	
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 78,433,025	\$ 90,563,152	\$ 89,389,305	\$ 0	\$ 97,123,359	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 169,023,409	\$ 191,882,611	\$ 183,383,141		\$ 191,882,611	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 247,456,434	\$ 282,445,763	\$ 272,772,446	\$ 0	\$ 289,005,970	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**

FY 2008 State Funds Expended increased from budget amount by 18.6% or a net of \$5,138,663. There was a change of \$4.89 million in State Funds which is the product of total Program costs (\$13.923 million) rising at a faster pace in FY 2008 than funds from earned income and Federal support (\$9.035 million) to cover these costs when compared to the base year 2006. CRS reported an increase in State Funds of \$251,447 during this period making the total difference of \$5.138 million.

2. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
/2009/Form 3: State MCH Funding Profile

Line 3. (State Funds)--FY 2007 State Funds expenditures decreased from budgeted amount by (16.6%) or a net of \$5,501,588. This net decrease in State Funds is the product of changes in Total Program costs and the Other/Federal support from base year 2005 compared to FY 2007 Budget. Since 2005 Total Program Costs has shown a small increase of 1.5% or \$925,000 and Other/Federal support (most of this growth has been in ADPH earned income) has increased \$5.8 million, the difference between these 2 factors result in a net decrease in State Funds of \$4.9 million. CRS reported a decrease in State Funds of \$578,000 during this period making the total difference of \$5,501,588.

3. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

FY 2007 Other Funds expenditures decreased from budgeted amount by (12.0%) or \$518,817.

This decrease is the difference in CRS requested versus received dollars. The actual expenditures are a more accurate reflection of funds received than the estimate represented in the budgeted amount.

4. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**

FY 2008 Program Income increased from budget amount by 20.8% or a net of \$7,295,262. This net change in Program Income was due to the growth in care coordination activities which increased 12.6% from the base year 2006. Family Planning (\$3.9m), Family Planning Care Coordination (\$1.9m), EPSDT Care Coordination (\$1.6m) and Patient 1st Care Coordination (\$1.3m) accounted for the majority of this change. CRS reported an \$850k decrease in program income which was reflected in the net change.

5. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

FY 2007 Program Income expenditures increased from budgeted amount by 11.0% or \$3,365,392.

This net increase resulted from an FY 2007 Budget that was based on actuals for the year 2005 which did not reflect the growth in ADPH's care coordination efforts. Net earned income in FY 2007 increased by \$5.525 million with EPSDT, Family Planning and Patient 1st Care Coordination accounting for the majority of the change. CRS reported a \$2.160 million decrease in program income which was reflected in the net change. A better comparison would be to use FY 2006 expenditures figure of \$33.6 million to FY 2007 expenditures of \$33.85 million, the difference is minimal.

6. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**

FY 2008 Other Federal Funds increased from budget amount by 13.5% or a net change of \$22,859,202. The majority of this change can be attributed to WIC, Immunizations and Ryan White. The FY 2008 budget was developed using 2006 activity and did not anticipate the growth over the 2-year period. WIC average monthly caseload increased 10.7% from 121,759 to 134,839 which resulted in an increase in costs of \$16.35m. Immunizations costs increased 8.77% or \$3.8m with the VFC Federal entitlement program showing the most growth over the 2-year period. Ryan White Care Act grant for Women, Infants, Children and Youth cost increased a total of \$2.5m from \$3.7m in 2006 to \$6.3m in 2008.

7. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

FY 2007 Other Federal Funds expenditures increased from budgeted amount by 32.1% or a net of \$44,562,872.

Line 8. (Other Federal Funds)--FY 2007 Other Federal Funds expenditures increased from budgeted amount by 32.1% or a net of \$44,562,872. The majority of this increase is attributed to WIC and Immunizations Programs. The FY 2007 Budget was developed using 2005 activity which did not reflect these recent increases over the 2- year period: WIC caseload has increased 6.3% from a monthly average of 118,751 to 126,239 which resulted in an \$18.9 million increase in food costs. Immunizations experienced tremendous growth in the VFC Federal entitlement program and vaccines provided by CHD's increasing from \$23.2 million in FY 2005 to \$48.2 million in FY 2007, a \$25 million increase. Ryan White Care Act Title II grant for Women, Infants Children and Youth increased from \$2.2 million in FY 2005 to \$3.1 million in FY 2007, a 1.9% increase or \$842,000.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: AL**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 10,236,175	\$ 6,401,818	\$ 8,065,538	\$ 2,265,122	\$ 6,961,429	\$ 2,034,994
b. Infants < 1 year old	\$ 7,182,732	\$ 7,892,274	\$ 7,963,034	\$ 8,175,811	\$ 7,810,031	\$ 8,256,011
c. Children 1 to 22 years old	\$ 23,238,228	\$ 33,689,230	\$ 25,089,746	\$ 36,104,693	\$ 33,338,163	\$ 38,125,132
d. Children with Special Healthcare Needs	\$ 28,624,659	\$ 23,334,309	\$ 28,225,106	\$ 22,626,534	\$ 29,459,973	\$ 26,028,718
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 4,274,001	\$ 2,146,821	\$ 3,418,390	\$ 1,048,219	\$ 2,316,702	\$ 2,241,608
g. SUBTOTAL	\$ 73,555,795	\$ 73,464,452	\$ 72,761,814	\$ 70,220,379	\$ 79,886,298	\$ 76,686,463
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 510,900		\$ 636,335		\$ 0	
b. SSDI	\$ 142,075		\$ 89,363		\$ 94,156	
c. CISS	\$ 98,797		\$ 43,113		\$ 23,553	
d. Abstinence Education	\$ 984,200		\$ 998,400		\$ 985,926	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 90,000,000		\$ 112,802,512		\$ 111,717,644	
h. AIDS	\$ 2,110,669		\$ 2,081,922		\$ 2,272,310	
i. CDC	\$ 704,200		\$ 553,783		\$ 484,191	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Hemophilia of GA	\$ 0		\$ 0		\$ 28,700	
Immunizations	\$ 21,409,659		\$ 20,496,121		\$ 23,213,789	
Hemophilia of GA.	\$ 0		\$ 28,700		\$ 0	
Hemophilia of GA	\$ 28,700		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 115,989,200		\$ 137,730,249		\$ 138,820,269	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: AL**

	FY 2008		FY 2009		FY 2010	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 2,530,040	\$ 1,822,499	\$ 2,089,939	\$	\$ 1,871,707	\$
b. Infants < 1 year old	\$ 8,121,086	\$ 10,241,537	\$ 8,215,228	\$	\$ 10,348,544	\$
c. Children 1 to 22 years old	\$ 35,863,023	\$ 46,869,500	\$ 37,936,803	\$	\$ 47,359,209	\$
d. Children with Special Healthcare Needs	\$ 30,728,694	\$ 30,428,899	\$ 38,534,412	\$	\$ 36,256,204	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 1,190,182	\$ 1,200,717	\$ 2,612,923	\$	\$ 1,287,695	\$
g. SUBTOTAL	\$ 78,433,025	\$ 90,563,152	\$ 89,389,305	\$ 0	\$ 97,123,359	\$ 0

<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,720		\$ 118,896		\$ 67,930	
c. CISS	\$ 7,314		\$ 0		\$ 0	
d. Abstinence Education	\$ 734,577		\$ 1,064,661		\$ 943,608	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 121,044,616		\$ 130,602,103		\$ 137,395,102	
h. AIDS	\$ 3,763,146		\$ 3,115,232		\$ 6,300,199	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Hemophilia of Ga.	\$ 0		\$ 0		\$ 28,700	
Immunizations	\$ 43,344,336		\$ 48,453,549		\$ 47,147,072	
Hemophilia of GA.	\$ 0		\$ 28,700		\$ 0	
Hemophilia of GA	\$ 28,700		\$ 0		\$ 0	
III. SUBTOTAL	\$ 169,023,409		\$ 183,383,141		\$ 191,882,611	



## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** PregWomenExpended

**Row Name:** Pregnant Women

**Column Name:** Expended

**Year:** 2008

**Field Note:**

FY 2008 Pregnant Women expended decreased from budgeted amount by -\$27.9m or \$707,541. As mentioned in previous applications, we continue to see ADPH's commitment to withdraw from providing prenatal service. Also, the rate of decline in services is slowing and should begin to reflect the costs associated with the Maternity Program which exists in Mobile County and the CHD providing postpartum exam visits.

2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** PregWomenExpended

**Row Name:** Pregnant Women

**Column Name:** Expended

**Year:** 2007

**Field Note:**

FY 2007 Pregnant Women expenditures decreased from budgeted amount by more than (70.8%) or \$4,926,435.

The budgeted amount for FY 2007 was based on the current FY 2005 activity of \$6.9 million. This did not properly reflect ADPH's declining commitment to withdraw from providing prenatal services which is evident in the FY 2007 expended amount of \$2.034 million. Programs still exist in Mobile and Houston Counties, including postpartum home visits; CHD's provide postpartum exam visits.

3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** Children\_0\_1Expended

**Row Name:** Infants <1 year old

**Column Name:** Expended

**Year:** 2008

**Field Note:**

FY 2008 Infants < 1 year old increased from budgeted amount by 26% or \$2.01m. In comparing the FY 2008 Child Health Visits Report to the base year of 2006, the category for infants <1 year old makes up an increasing percentage of these visits for the 2-year period. Infant activity increased by 7.2% and as expected this category share of total Child Health costs would rise over the period by approximately \$2.01m. Newborn Screening Program alone accounted for \$1.08m of this cost increase.

4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** Children\_1\_22Expended

**Row Name:** Children 1 to 22 years old

**Column Name:** Expended

**Year:** 2008

**Field Note:**

FY 2008 Children 1 to 22 years old increased from budgeted amount by 30.7% or \$11 million. The primary reasons for the increased expenditures is driven by Patient 1st and EPSDT Care Coordination programs for children, birth to age 21. Rapid growth has occurred since the 2008 budget was developed in 2006. Since FY 2006 clients for these 2 Programs have increased from 27,478 to 34,066 or 23.9% in FY 2008. Care Coordination accounts for approximately \$8.7 million of the increase. In 2008 another effort that was initiated, the Together for Quality (TFQ) pilot in 8 counties which provided referrals for asthma and diabetes clients and added an additional \$1.4 million to the increase.

5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** Children\_1\_22Expended

**Row Name:** Children 1 to 22 years old

**Column Name:** Expended

**Year:** 2007

**Field Note:**

FY 2007 Children 1 to 22 years old expenditures increased from budgeted amount by more than 14.4% or \$4,786,969.

This increase resulted from an FY 2007 Budget that was based on actuals for the year 2005 which did not reflect the continued growth in ADPH's care coordination efforts. As previously mentioned in our note for FY 2006, Patient 1st and EPSDT Care Coordination programs for children, birth to age 21 have continued to grow, accounting for the majority of this increase. Patient 1st care coordination has added a new electronic referral system that has increased case management caseloads and staff to handle these cases. Referrals for case management have increased for Newborn Screening, Hearing, and Lead Program. From FY 2006 to FY 2007, Plan First and Patient 1st FTE's have increased 28% from a total of 124 to 159. Visits for Children 1 to 22 in FY 2007 have increased 10% to 72,796 from 66,139 in FY 2006. Redirection of resources from prenatal services to growth programs has resulted in increased costs.

6. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** CSHCNExpended

**Row Name:** CSHCN

**Column Name:** Expended

**Year:** 2007

**Field Note:**

FY 2007 CSHCN expenditures decreased from budgeted amount by more than (11.6%) or \$3,431,255.

For FY 2007, CRS reported that the decrease in budget and expenditures reflected the difference in requested versus received funds and the decrease in program income.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: AL**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 44,833,945	\$ 49,165,621	\$ 48,481,482	\$ 48,015,524	\$ 52,672,381	\$ 46,595,793
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 11,854,962	\$ 7,791,728	\$ 8,905,176	\$ 6,187,867	\$ 9,139,458	\$ 7,097,680
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 7,000,615	\$ 9,631,976	\$ 8,008,892	\$ 10,844,831	\$ 10,171,878	\$ 12,880,643
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 9,866,273	\$ 6,875,127	\$ 7,366,264	\$ 5,172,157	\$ 7,902,581	\$ 10,112,347
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 73,555,795	\$ 73,464,452	\$ 72,761,814	\$ 70,220,379	\$ 79,886,298	\$ 76,686,463

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: AL**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 52,956,775	\$ 47,849,013	\$ 52,607,223	\$	\$ 50,719,210	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 7,812,149	\$ 16,348,969	\$ 9,730,205	\$	\$ 17,585,361	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 11,272,498	\$ 13,947,232	\$ 13,551,012	\$	\$ 14,385,544	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,391,603	\$ 12,417,938	\$ 13,500,865	\$	\$ 14,433,244	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 78,433,025	\$ 90,563,152	\$ 89,389,305	\$ 0	\$ 97,123,359	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
FY 2007 Direct Health Care Services expenditures decreased from budgeted amount by more than (11.5%) or \$6,076,588.

This decrease resulted from an FY 2007 Budget that was based on actuals for the year 2005 which did not properly reflect the impact of changes in the provision of direct health care that would be evident in subsequent years. As mentioned in previous applications, changes in the healthcare environment, especially in Medicaid's managed care have caused a shift in the provision of direct medical services from CHD's to private providers. This redirection of resources can be seen in the increases in population-based and infrastructure building services.

2. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**

Enabling Services expended increased from budgeted amount by \$8.5m or 109%. Plan First Care Coordination which is an enabling service was excluded from this category in previous applications. This is a reclassification issue that adds \$8.8m to expenditures.

3. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

FY 2007 Enabling Services expenditures decreased from budgeted amount by more than (22.3%) or \$2,041,778.

The budgeted amount for FY 2007 was based on the current FY 2005 activity. This decrease was primarily in Maternity Services which was approximately a \$2.0 million program in FY 2005 declining in FY 2007 to \$825,000 or a \$1.1 million decrease. Also, CRS reported a \$1.054 million decrease for the same time period. For 2007 a redirection of resources by ADPH and CRS is evident in the decrease in enabling services and a corresponding increase in population/infrastructure services.

4. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**

FY 2008 Population-Based Services expended increased from budgeted amount by \$2.67m or 23.7%. As previously mentioned in this application, focus has shifted from direct care to emphasizing the provision of case management /care coordination services. At the time 2008 budget was developed in 2006, changes in growth were not anticipated in 2 Programs Newborn Screening and EPSDT Care Coordination. Newborn Screening (\$1.08m) and EPSDT Care Coordination (\$1.67m) accounted for majority of the cost increase.

5. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

FY 2007 Population Based Services expenditures increased from the budgeted amount by more than 26.6% or \$2,708,765.

This increase resulted from an FY 2007 Budget that was based on actuals for the year 2005 which did not reflect the continued growth in ADPH's care coordination efforts. In FY 2005 expenditures for EPSDT Care Coordination totaled approximately \$6.6 million and in 2007 increased 33% (\$2.2 million) to \$8.8 million.

6. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**

FY 2008 Infrastructure Building Services expended increased from budgeted amount by \$6.0m or 94%. The majority of this increase \$5.73m is attributed to CRS. The budget for FY 2008 was set in FY 2006 which does not allow for modification based on current program expenditures. FY 2008 expenditures are a more accurate reflection of how CRS currently allocates resources by service type. A significant decrease is noted in direct services while a significant increase is shown for infrastructure-building services. This reflects a trend of redirection of resources towards infrastructure-building services that has been seen since FY 2006 and evidenced by actual expenditures.

7. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**

FY 2007 Infrastructure Building Services expenditures increased from budgeted amount by more 28.0% or \$2,209,766.

As mentioned previously FY 2007 Budget was based on actual activity in 2005 which did not reflect the current environment and the redirection of resources from direct health care/enabling services to population based/infrastructure building services. CRS was the majority of this increase from FY 2005 to FY 2007 and was attributed to a revise in methodology as mentioned in the CRS Budget Narrative for Expenditures Form 5.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: AL**

**Total Births by Occurrence:** 63,447

**Reporting Year: 2008**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	64,159	101.1	10	10	10	100
Congenital Hypothyroidism	64,159	101.1	16	16	16	100
Galactosemia	64,159	101.1	0	0	0	
Sickle Cell Disease	63,823	100.6	57	57	57	100
<b>Other Screening (Specify)</b>						
Cystic Fibrosis	28,803	45.4	7	7	7	100
Homocystinuria	64,159	101.1	1	1	1	100
Congenital Adrenal Hyperplasia (CAH)	64,159	101.1	7	7	7	100
Methylmalonic Acidemia	64,159	101.1	2	2	2	100
Glutaric acidemia	64,159	101.1	1	1	1	100
Carnitine transporter defect	64,159	101.1	2	2	2	100
2-Methylbutyryl-CoA Dehydrogenase Deficiency	64,159	101.1	1	1	1	100
Medium-Chain Acyl-CoA Dehydrogenase (MCADD)	64,159	101.1	3	3	3	100

**Screening Programs for Older Children & Women (Specify Tests by name)**

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

The "percents" shown in Column A are actually based on ratios and, therefore, can exceed 100%. Details follow.

The Alabama Department of Public Health's (ADPH's) Bureau of Clinical Laboratories reports the number of newborn screening tests by fiscal year. The number of total births by occurrence is by calendar year. Some discrepancies may result due to the differing reporting periods.

As well, according to the ADPH's Bureau of Clinical Laboratories, some repeat newborn screening tests may be collected on a first test form and be counted as a first test sample. Due to this fact, the number of "initial" newborn screening tests sometimes exceeds the number of total births by occurrence.

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** BirthOccurrence  
**Row Name:** Total Births By Occurrence  
**Column Name:** Total Births By Occurrence  
**Year:** 2010  
**Field Note:**  
This number is based on preliminary live birth files, as of April 2, 2009.
2. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
See Form 6 note.
3. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
See Form 6 note.
4. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
See Form 6 note.
5. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
Until January 1, 2009, the screening test for sickle cell disease was performed on cord blood samples rather than the blood spot form. Screening for sickle cell disease was performed on all samples received. Rarely, a cord sample was not collected at birth and, therefore, no sample would have been sent to ADPH's Bureau of Clinical Laboratories for analysis.
6. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Presumptive  
**Row Name:** Phenylketonuria  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
7. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
8. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Presumptive  
**Row Name:** Galactosemia  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
9. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Presumptive  
**Row Name:** SickleCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
The ADPH's Bureau of Clinical Laboratories defines the criteria for "presumed positive."
10. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
All infants whose screens were defined by the ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed.

The 10 confirmed cases include 7 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

11. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Confirmed  
**Row Name:** Congenital  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
All infants whose screens were defined by the ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed.
12. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
All infants whose screens were defined by the ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed.
13. **Section Number:** Form6\_Main  
**Field Name:** SickleCellDisease\_Confirmed  
**Row Name:** SickleCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
All infants whose screens were defined by the ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed.
14. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_TreatmentNo  
**Row Name:** Phenylketonuria  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
The 10 infants include 7 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.
15. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2010  
**Field Note:**  
Regarding Column A, the "percents" shown there are actually based on ratios, and, therefore, can exceed 100%. See Form 6 note for details.  
  
Regarding Column B for all "Other Screenings", the ADPH's Bureau of Clinical Laboratories (BCL) defines the criteria for "presumed positive."  
  
Regarding Column C for all "Other Screenings", all of the infants whose screens were defined by ADPH's Bureau of Clinical Laboratories as being "presumed positive" were confirmed as having the disorder.  
  
ADPH's Newborn Screening Program began screening for cystic fibrosis in April 2008, about 6 months into the fiscal year. Since ADPH's BCL reports the number of initial screens by fiscal year, the number of cystic fibrosis screens for FY 2008 is noticeably fewer than for the other conditions.  
  
ADPH's Newborn Screening Program is screening for 28 of the 29 primary disorders recommended by the March of Dimes and by the American College of Obstetricians and Gynecologists. One of these disorders is hearing impairment, which is not reported on this form. Only the conditions for which 1 or more infants had presumptive positive blood screens are listed here.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: AL**

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,827	44.5	0.0	3.5	21.2	30.8
Infants < 1 year old	60,951	47.7	0.0	45.9	4.8	1.6
Children 1 to 22 years old	33,571	44.5	0.0	4.0	22.4	29.0
Children with Special Healthcare Needs	16,591	51.1	2.6	33.9	12.5	0.0
Others	109,238	46.9	0.9	18.5	33.5	0.1
<b>TOTAL</b>	<b>222,178</b>					



## FORM NOTES FOR FORM 7

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_TS  
**Row Name:** Pregnant Women  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
Two reports were used to estimate the number of pregnant women served under Title V. The first report is entitled "State of Alabama Department of Public Health Bureau of Family Health Services Maternity Table II," and covers health departments in 65 of the State's 67 counties. The second report is entitled "PHA XI, Maternity Table II, Reporting Period: 10/01/2007-09/30/2008," and covers the Mobile County Health Department (CHD). Jefferson County Department of Health did not provide maternity care in FY 2008.

Mobile CHD provided insurance information on 1,245 of the 1,808 women for whom it provided prenatal care. We classified the 563 patients for whom no insurance information was provided as "Unknown".

As the Mobile CHD report does not provide unduplicated counts according to source of coverage, all percentages based upon this report are estimates.
- 2. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_XIX  
**Row Name:** Pregnant Women  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of 813 pregnant women identified as having Medicaid coverage by the Mobile CHD and Maternity Table II reports.

As the Mobile CHD report does not provide unduplicated counts according to source of coverage, this percentage is an estimate.
- 3. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Private  
**Row Name:** Pregnant Women  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of 64 pregnant women identified as having insurance coverage by the Mobile CHD report. The Maternity Table II report contained no one with insurance coverage.

As the Mobile CHD report does not provide unduplicated counts according to source of coverage, this percentage is an estimate.
- 4. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_None  
**Row Name:** Pregnant Women  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of 387 pregnant women: 386 identified as being "Private Pay" by the Mobile CHD report and 1 identified as being "Free" by the Maternity Table II report.

As the Mobile CHD report does not provide unduplicated counts according to source of coverage, this percentage is an estimate.
- 5. Section Number:** Form7\_Main  
**Field Name:** PregWomen\_Unknown  
**Row Name:** Pregnant Women  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of 563 pregnant women whom the Mobile CHD report indicated received prenatal care, but for whom no insurance coverage information was provided.

As the Mobile CHD report does not provide unduplicated counts according to source of coverage, this may be an underestimation of the percentage of pregnant women whose insurance coverage is "Unknown".
- 6. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**  
To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 64,159 newborns reported as receiving at least 1 metabolic screen in fiscal year 2008, yielding an estimate of 60,951 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.

The percentages for "primary sources of coverage," shown in Columns B-F, assume that the insurance coverage for infants served under Title V was distributed identically to the insurance coverage for delivery of Alabama residential live births in calendar year 2007. That is, source of payment for delivery of live births to Alabama residents in 2007 was used as a surrogate for insurance coverage of infants served under Title V. The year 2007, rather than the year 2008, was used because the final statistical live birth file for 2008 may not become available until October 2009--due to the time required to receive late-arriving certificates and to edit the live birth file.
- 7. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_XIX  
**Row Name:** Infants <1 year of age  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.
- 8. Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Private  
**Row Name:** Infants <1 year of age  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**

The note to Column A of this row explains how this percentage was estimated.

9. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_None  
**Row Name:** Infants <1 year of age  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.

For infants born alive to Alabama residents in 2007, 4.8% of the deliveries were classified on the birth record as being "self pay" with respect to "main source of payment for this birth." Presumably, many of the self-pay group had no health insurance and their parents were unable to pay for the cost of delivery. Therefore, our best estimate is that 4.8% of infants served under Title V had no health insurance.

10. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_Unknown  
**Row Name:** Infants <1 year of age  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
The note to Column A of this row explains how this percentage was estimated.

11. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_TS  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**

Three source documents were used to estimate the number of children served under Title V. Estimates for this population are for children aged 1 through 21 years. The first of these 3 documents is entitled, "State of Alabama Department of Public Health Bureau of Family Health Services Child Health Table II Reporting Period: Oct 2007 - Sep 2008." This report is for county health departments (CHDs) in 65 of the State's 67 counties. The second source document is entitled, "Jefferson County Dept. Health Child Health Table I Report Total Reporting Period: 10/01/2007 To 09/30/2008. The 3rd document is entitled, "Mobile County Health Department Child Health Table I."

The percentages shown total 99.9%, rather than 100.0%, because the Title V Information System shows percentage estimates carried to only 1 decimal.

The percentages showing distribution according to primary source of coverage are very rough estimates, because Mobile CHD did not provide any counts according to source of coverage for these patients, and Jefferson County Department of Health (JCDH) did not provide unduplicated counts according to source of coverage. For JCDH, we estimated the unduplicated count of patients according to source of coverage by applying a ratio to the duplicated count in each coverage category. The ratio was: the total unduplicated count for JCDH patients aged 1-21 years (21,016) divided by the sum of the source of coverage-specific duplicate counts of these children for JCDH (21,079), or 0.9970. For example, multiplying 0.9970 by the duplicated count of JCDH "Medicaid/Public" 1-21 year-old patients (12,040) yielded 12,003.88--which is our estimated unduplicated count of Medicaid-enrolled 0-21 year-old patients served in JCDH. Using a corresponding method for each of JCDH's coverage categories, we estimated unduplicated counts for JCDH patients in this age group as follows: 1,357.91 classified as "Private Insurance"; 755.73 classified as "Patient," 6,299.05 classified as "Free"; and 599.20 classified as "None/Unknown." Summing the coverage-specific unduplicated estimates yields 21,015.77--which matches the total unduplicated count for 1-21 year-old patients shown on the source document for JCDH.

All of the 9,150 Mobile CHD patients in this age group were classified as "unknown" with respect to source of coverage.

12. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_XIX  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Title XIX %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of 14,944 1-21 year-old patients classified as "Medicaid."

The Column A note for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.

13. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Private  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Private/Other %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of the 1,358 1-21 year-old patients classified by the Jefferson County Department of Health (JCDH) as "Private Insurance."

The Column A note for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the JCDH.

14. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_None  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** None %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of the 7,520 1-21 year-old patients classified as "Free" or "Patient,"

The Column A note for this row explains how unduplicated patient counts according to source of coverage were estimated for 1-21 year-old patients seen by the Jefferson County Department of Health.

15. **Section Number:** Form7\_Main  
**Field Name:** Children\_1\_22\_Unknown  
**Row Name:** Children 1 to 22 years of age  
**Column Name:** Unknown %  
**Year:** 2010  
**Field Note:**  
The numerator for this percentage is comprised of the 599 Jefferson County Department of Health (JCDH) 1-21 year-old patients classified as "None/Unknow," plus all of the 9,150 Mobile County Health Department (CHD) patients in this age group. (Mobile CHD did not report source of coverage.)

The Column A note for this row explains how unduplicated counts for 1-21 year-old patients according to source of coverage were estimated for patients seen by the JCDH.

16. **Section Number:** Form7\_Main  
**Field Name:** CSHCN\_TS  
**Row Name:** Children with Special Health Care Needs  
**Column Name:** Title V Total Served  
**Year:** 2010

**Field Note:**

Complete insurance information was not collected on every child to whom a service was provided. Insurance data reported are on the 12,412 children enrolled in Children's Rehabilitation Service during FY 2008 for whom insurance information was gathered. This number excludes children who received information and referral services and calculations account for children who received on-site screenings for hearing loss and/or scoliosis in partnership with local schools, daycare facilities, and HeadStart Centers in underserved areas.

**17. Section Number:** Form7\_Main**Field Name:** AllOthers\_TS**Row Name:** Others**Column Name:** Title V Total Served**Year:** 2010**Field Note:**

Individuals served by the Alabama Department of Public Health's Family Planning Program in FY 2008 are reported in this row. The main reference is entitled "Table 1: Unduplicated Number of FP Users by Age and Gender." Table 1 does not report information on the insurance status of the family planning patients. Information on insurance status of family planning patients was obtained via 3 special-run reports. The first such report was generated through the Public Health of Alabama County Operations Network (PHALCON), which contains programmatic data on patients served in 65 of the State's 67 counties. The total unduplicated number of family planning patients served in FY 2008 from PHALCON in Table 1 (87,456) is less than the total unduplicated number of family planning patients served in FY 2008 from the PHALCON insurance status report (94,357). This discrepancy results from generating the reports several months apart. The Table 1 numbers are used on Form 7 to report the number of family planning patients served to be consistent with the report previously submitted to the U. S. Department of Health and Human Services for the Title X Family Planning Annual Report.

The second report provides insurance information on family planning patients from the Jefferson County Department of Health (JCDH). The total unduplicated number of family planning patients served in FY 2008 from Jefferson County in Table 1 (14,613) is more than the total unduplicated number of family planning patients served in FY 2008 from the JCDH insurance status report (14,549). This discrepancy results from generating the reports several months apart.

The third report provides insurance information on family planning patients from the Mobile County Health Department.

**18. Section Number:** Form7\_Main**Field Name:** AllOthers\_XIX**Row Name:** Others**Column Name:** Title XIX %**Year:** 2010**Field Note:**

The percentage shown is based upon the 3 special-run reports of the insurance status of family planning patients served in FY 2008. Patients who indicated coverage through Alabama Medicaid or through Plan First, the 1115(a) Medicaid Family Planning Waiver, are included in this percentage.

**19. Section Number:** Form7\_Main**Field Name:** AllOthers\_XXI**Row Name:** Others**Column Name:** Title XXI %**Year:** 2010**Field Note:**

The percentage shown is based upon the 3 special-run reports of the insurance status of family planning patients served in FY 2008. The numbers from the columns or rows labeled "ALLKids", "All Kids", and "ALL\_KIDS" were used in this percentage. ALL Kids is the Title XXI State Children's Health Insurance Program (SCHIP) in Alabama.

**20. Section Number:** Form7\_Main**Field Name:** AllOthers\_Private**Row Name:** Others**Column Name:** Private/Other %**Year:** 2010**Field Note:**

The percentage shown is based upon the 3 special-run reports of the insurance status of family planning patients served in FY 2008. Although the patient indicated coverage through private or other insurance, the patient's insurance policy may not cover family planning services. Patients who reported coverage through United Health Care, Great West, private health insurance, Blue Cross/Blue Shield, Medicare, other public health insurance (which includes military insurance, such as TRICARE and CHAMPVA), or through other insurance carriers are included in this percentage.

**21. Section Number:** Form7\_Main**Field Name:** AllOthers\_None**Row Name:** Others**Column Name:** None %**Year:** 2010**Field Note:**

The percentage shown is based upon the 3 special-run reports of the insurance status of family planning patients served in FY 2008. The numbers under the column labeled "None" were used from the PHALCON-generated report. The numbers from the "Uninsured" rows were used from the Mobile CHD report. The numbers from the rows labeled "Patient" and "Free" were used from the JCDH report. The percentage of family planning patients who report being uninsured (33.5%) is higher for the FY 2008 report than for the FY 2007 report (9.2%) because of a change in methodology. The utilization of the 3 special-run reports provides a far more accurate estimation of uninsured clients.

**22. Section Number:** Form7\_Main**Field Name:** AllOthers\_Unknown**Row Name:** Others**Column Name:** Unknown %**Year:** 2010**Field Note:**

The percentage shown is based upon the 3 special-run reports of the insurance status of family planning patients served in FY 2008. Family planning patients from the JCDH report who were in the category of "None/Unknown" (144) were all reported as "Unknown".

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: AL**

Reporting Year: 2008

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	64,765	43,244	19,862	188	940	3	0	528
Title V Served	1,827	531	1,164	11	27	61	21	12
Eligible for Title XIX	30,900	16,870	13,262	103	285	1	0	379
<b>INFANTS</b>								
Total Infants in State	63,540	42,591	19,312	186	928	3	0	520
Title V Served	60,951	40,786	18,600	178	886	3	0	498
Eligible for Title XIX	59,408	32,718	24,523	179	460	0	0	1,528

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	58,802	5,342	36	3,883	25	122	1,237	75
Title V Served	1,632	195						
Eligible for Title XIX	27,388	3,221	15	2,315	14	50	794	48
<b>INFANTS</b>								
Total Infants in State	58,802	5,342	36	3,883	25	122	1,237	75
Title V Served	55,844	5,073	34	3,687	24	116	1,175	71
Eligible for Title XIX	52,847	6,561	877					

## FORM NOTES FOR FORM 8

The source for many of the cells in Form 8 is the most recent, complete file of residential live births, fetal deaths, and/or infant deaths--which is for calendar year (CY) 2007. Therefore, though the reporting year is 2008, many of the estimates are based on the CY 2007 live births and/or fetal deaths. In such cases, the note for Column A of the affected row states that CY 2007 records were used for the estimate.

### FIELD LEVEL NOTES

- 1. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
For all completed fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. Because final numbers for 2008 are not available, the numbers shown are for calendar year 2007. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.
- 2. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_Asian  
**Row Name:** Total Deliveries in State  
**Column Name:** Asian  
**Year:** 2010  
**Field Note:**  
"Other Asian or Pacific Islander" is included in the "Asian" category.
- 3. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_More  
**Row Name:** Total Deliveries in State  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
The number for the multiracial category is not available to the Bureau of Family Health Services.
- 4. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
For all fields in this row, numbers were estimated by summing numbers from 2 reports: 1) The State of Alabama's Maternity Table II, which reports numbers for 65 of the State's 67 counties, and Mobile County's Maternity Table II. Each report is for fiscal year 2008. The Jefferson County Department of Health does not provide prenatal care. Of the 1,827 Title V-served deliveries reported here, 1,808 were served by the Mobile County Health Department.
- 5. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_More  
**Row Name:** Title V Served  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
Only 1 of the sources used to estimate this number reports deliveries for the multiracial category. The 2 sources are specified in the note to the Column A field of this row.
- 6. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
For all completed cells in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. In both cases, the numbers pertain to infants whose delivery was paid for by Medicaid. Because final numbers for 2008 are not available, the numbers shown are for calendar year 2007. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.
- 7. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_Asian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Asian  
**Year:** 2010  
**Field Note:**  
"Other Asian or Pacific Islander" is included in the "Asian" category.
- 8. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
The number for the multiracial category is not available to the Bureau of Family Health Services.
- 9. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
For all completed fields in this row, the numbers were obtained by subtracting the number of residential infant deaths from the number of residential live births. Because final numbers for 2008 are not available, the numbers shown are for calendar year 2007. Residence and race are defined according to the mother's residence and race for both deaths and live births. Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.
- 10. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_Asian  
**Row Name:** Total Infants in State  
**Column Name:** Asian  
**Year:** 2010  
**Field Note:**  
"Other Asian or Pacific Islander" is included in the "Asian" category.

- 11. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_More  
**Row Name:** Total Infants in State  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
The number for the multiracial category is not available to the Bureau of Family Health Services.
- 12. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 64,159 newborns reported as having at least 1 initial metabolic screen in fiscal year 2008, yielding an estimate of 60,951 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.  
  
Racial distribution for Columns B through H of this row was estimated by assuming the racial distribution of residential live births in calendar year 2007. (Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians.) Applying the proportions corresponding to this distribution resulted in fractions of individuals. With 1 exception, these fractions were rounded to the nearest whole number, because the Title V Information System does not allow decimals to be entered into the number fields. The exception is for individuals of other and unknown race--which was rounded down so that Columns B through H of this row would sum to 60,951.
- 13. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_More  
**Row Name:** Title V Served  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
The number for the multiracial category is not available to the Bureau of Family Health Services.
- 14. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_RaceOther  
**Row Name:** Title V Served  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
Using the procedures detailed in the note to Column A of this row, the estimated number of Title V-served infants of other or unknown race was 498.5868. For reasons also detailed in the note to Column A, this number was rounded down to 498.
- 15. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
The source for all fields in this row is a report provided upon request by the Alabama Medicaid Agency, entitled: "Unduplicated count of Alabama Medicaid Eligibles less than 1 year of age by race FY 2008."
- 16. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_White  
**Row Name:** Eligible for Title XIX  
**Column Name:** White  
**Year:** 2010  
**Field Note:**  
The report used (described in the note to the Column A field of this row) includes a "Hispanic" category, but does not report the race of Hispanic individuals. Therefore, the number shown here is the sum of the 26,157 White individuals and the 6,561 Hispanic individuals.
- 17. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_Hawaiian  
**Row Name:** Eligible for Title XIX  
**Column Name:** Native Hawaiian or Other Pacific Islander  
**Year:** 2010  
**Field Note:**  
The report used for this row combines "Asian or Pacific Islander," so Native Hawaiians and other Pacific Islanders are included in the number shown for Asians (Column E).
- 18. Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_More  
**Row Name:** Eligible for Title XIX  
**Column Name:** More Than One Race Reported  
**Year:** 2010  
**Field Note:**  
The number for the multiracial category is not available to the Bureau of Family Health Services.
- 19. Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
For all completed fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. Because final numbers for 2008 are not available, the numbers shown are for calendar year 2007.
- 20. Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
The following 2 reports were used to estimate this number: 1) The State of Alabama's Maternity Table II, which reports numbers for 65 of the State's 67 counties, and Mobile County's Maternity Table II. Each report is for fiscal year 2007. The Jefferson County Department of Health does not provide prenatal care. Of the 1,827 Title V-served deliveries in FY 2008, 1,808 were served by the Mobile County Health Department.  
  
None of the 19 pregnant women reported on the State's Maternity Table II were reported to be Hispanic. Mobile County's Maternity Table II reported that 195 of the pregnant women served were Hispanic. The number shown in this field was estimated by subtracting 195 from the 1,827 Title V-served deliveries. However, since neither

maternity table includes a category for individuals whose ethnicity was not reported, the 1,632 reported non-Hispanic Title V-served deliveries may include some Hispanic individuals.

21. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Sources used do not report ethnicity according to country of origin. Also, the sources do not state a frequency for "ethnicity not reported." Accordingly, Columns C through B.5 are left blank.
22. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_NotReported  
**Row Name:** Title V Served  
**Column Name:** Ethnicity Not Reported  
**Year:** 2010  
**Field Note:**  
The reports used for Title V-served deliveries do not include a category for individuals whose ethnicity was not reported.
23. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_Mexican  
**Row Name:** Title V Served  
**Column Name:** Mexican  
**Year:** 2010  
**Field Note:**  
No information on country of origin of Hispanic Title V-served deliveries is available to the Bureau of Family Health Services.
24. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_Cuban  
**Row Name:** Title V Served  
**Column Name:** Cuban  
**Year:** 2010  
**Field Note:**  
No information on country of origin of Hispanic Title V-served deliveries is available to the Bureau of Family Health Services.
25. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_PuertoRican  
**Row Name:** Title V Served  
**Column Name:** Puerto Rican  
**Year:** 2010  
**Field Note:**  
No information on country of origin of Hispanic Title V-served deliveries is available to the Bureau of Family Health Services.
26. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_CentralAmerican  
**Row Name:** Title V Served  
**Column Name:** Central and South American  
**Year:** 2010  
**Field Note:**  
No information on country of origin of Hispanic Title V-served deliveries is available to the Bureau of Family Health Services.
27. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_EthnicityOther  
**Row Name:** Title V Served  
**Column Name:** Other and Unknown  
**Year:** 2010  
**Field Note:**  
No information on country of origin of Hispanic Title V-served deliveries is available to the Bureau of Family Health Services.
28. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
For all fields in this row, the numbers were obtained by adding the number of residential fetal deaths of 20 or more weeks gestation to the number of residential live births. In both cases, the numbers pertain to infants whose delivery was paid for by Medicaid. Because final numbers for 2008 are not available, the numbers shown are for calendar year 2007.
29. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
For all completed fields in this row, the numbers were obtained by subtracting the number of residential infant deaths from the number of residential live births. Because final numbers for 2008 are not available, the numbers shown are for calendar year 2007. Residence is defined according to the infant's residence for deaths and the mother's residence for live births.
30. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
To account for the fact that some repeat tests could conceivably be counted as initial screens, we applied a factor of 0.95 to the 64,159 newborns reported as having at least 1 metabolic screen in fiscal year 2008, yielding an estimate of 60,951 infants served. We believe that this is a conservative estimate and that the true number of newborns screened for metabolic disorders (and therefore served by Title V) may be higher than the estimated number.  
  
Ethnic distribution for Columns B through H of this row was estimated by assuming the ethnic distribution of residential live births in calendar year 2007.
31. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

The sources used do not specify ethnicity according to country of origin. Therefore, the country-of-origin numbers were estimated by applying corresponding proportions for Alabama residential live births in calendar year 2007. Applying these proportions resulted in fractions of individuals. With 1 exception, these fractions were rounded to the nearest whole number, because the Title V Information System does not allow decimals to be entered into the number fields. The exception is for individuals of Mexican origin--which was rounded down so that the country-of-origin numbers would sum to the number shown in the "Total Hispanic or Latino" cell.

**32. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleV\_Mexican

**Row Name:** Title V Served

**Column Name:** Mexican

**Year:** 2010

**Field Note:**

Using the procedures detailed in the note to Column B of this row, the estimated number of Mexican Title V-served infants was 3,687.6430. For reasons also detailed in the note to Column B, this number was rounded down to 3,687.

**33. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalNotHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Not Hispanic or Latino

**Year:** 2010

**Field Note:**

The source for all fields in this row is a report provided upon request by the Alabama Medicaid Agency, entitled: "Unduplicated count of Alabama Medicaid Eligibles less than 1 year of age by race FY 2008." However, the report provides 7 mutually exclusive categories: 1 of which is "Hispanic" and 1 of which is "Unknown/Not Provided." The 877 infants in the "Unknown/Not Provided" category are shown in Column C of this row. Since many of these 877 infants may be non-Hispanic, the 52,847 Title XIX-eligible infants reported in the Column A field of this row may notably underestimate the number of non-Hispanic Title XIX-eligible infants.

**34. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_TotalHispanic

**Row Name:** Eligible for Title XIX

**Column Name:** Total Hispanic or Latino

**Year:** 2010

**Field Note:**

The source used does not report ethnicity according to country of origin. Accordingly, Columns B.1-B.5 are left blank.

**35. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_NotReported

**Row Name:** Eligible for Title XIX

**Column Name:** Ethnicity Not Reported

**Year:** 2010

**Field Note:**

The report used is described in the Column A field note for this row, and reports 7 mutually exclusive categories: Unknown/Not Provided, Asian or Pacific Islander, Black, Caucasian, Other Race or Ethnicity, Hispanic, and American Indian or Alaskan Native. This field shows the 877 individuals who were classified as "Unknown/Not Provided."

**36. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_Mexican

**Row Name:** Eligible for Title XIX

**Column Name:** Mexican

**Year:** 2010

**Field Note:**

No information on country of origin of Hispanic Title V-served infants is available to the Bureau of Family Health Services.

**37. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_Cuban

**Row Name:** Eligible for Title XIX

**Column Name:** Cuban

**Year:** 2010

**Field Note:**

No information on country of origin of Hispanic Title V-served infants is available to the Bureau of Family Health Services.

**38. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_PuertoRican

**Row Name:** Eligible for Title XIX

**Column Name:** Puerto Rican

**Year:** 2010

**Field Note:**

No information on country of origin of Hispanic Title V-served infants is available to the Bureau of Family Health Services.

**39. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_CentralAmerican

**Row Name:** Eligible for Title XIX

**Column Name:** Central and South American

**Year:** 2010

**Field Note:**

No information on country of origin of Hispanic Title V-served infants is available to the Bureau of Family Health Services.

**40. Section Number:** Form8\_II. Unduplicated Count by Ethnicity

**Field Name:** InfantsTitleXIX\_EthnicityOther

**Row Name:** Eligible for Title XIX

**Column Name:** Other and Unknown

**Year:** 2010

**Field Note:**

No information on country of origin of Hispanic Title V-served infants is available to the Bureau of Family Health Services.



**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: AL**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>	<u>(800) 654-1385</u>
2. State MCH Toll-Free "Hotline" Name	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings	Healthy Beginnings
3. Name of Contact Person for State MCH "Hotline"	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>	<u>Charlena Freeman</u>
4. Contact Person's Telephone Number	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>	<u>(334) 206-2973</u>
5. Contact Person's Email	<u>Charlena.Freeman@adpl</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>1,144</u>	<u>2,040</u>	<u>2,362</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: AL**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>	<u>(800) 846-3697</u>
2. State MCH Toll-Free "Hotline" Name	None	None	None	None	None
3. Name of Contact Person for State MCH "Hotline"	<u>Melinda Davis</u>	<u>Melinda Davis</u>	<u>Melinda Davis</u>	<u>Dawn Ellis</u>	<u>Dawn Ellis</u>
4. Contact Person's Telephone Number	<u>(334) 293-7049</u>	<u>(334) 613-2360</u>	<u>(334) 613-2360</u>	<u>(334) 613-2294</u>	<u>(334) 613-2294</u>
5. Contact Person's Email	<u>Melinda.Davis@rehab.alz</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>21,491</u>	<u>25,983</u>	<u>27,428</u>

**FORM NOTES FOR FORM 9**

Children's Rehabilitation Service operates a toll-free number in the State Office and 15 district offices. This number is the sum of calls received on all 16 lines for FY 2008.

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
*[SEC. 506(A)(1)]*  
**STATE: AL**

1. State MCH Administration:  
(max 2500 characters)

The Title V Program is administratively located within the Bureau of Family Health Services (FHS), a major unit within the Alabama Department of Public Health (ADPH). Through FHS, ADPH administers all aspects of the Title V Program except services for children and youth with special health care needs (CYSHCN). Children's Rehabilitation Service (CRS), administered by the Alabama Department of Rehabilitation Services (ADRS), is the lead agency for services to CYSHCN. This arrangement requires close collaboration between ADPH and CRS. In addition to the Title V Program, FHS administers the Title X Family Planning Grant; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the State Dental Program. In addition to administering CRS, ADRS administers the Alabama Hemophilia Program.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 11,723,121
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 32,988,189
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 4,505,688
7. Program Income (Line 6, Form 2)	\$ 47,906,361
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 97,123,359</b>

9. Most significant providers receiving MCH funds:

County Health Departments
Children's Rehabilitation Service
The Center for Child and Adolescent Development
Sparks Clinic at Civitan Int'l Research Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	1,827
b. Infants < 1 year old	60,951
c. Children 1 to 22 years old	33,571
d. CSHCN	16,591
e. Others	109,238

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Financial support for direct services in county health departments (CHDs): By helping to pay for salaries, supplies, and equipment in CHDs statewide, Title V funds help provide physical assessment, immunizations, vision and hearing screening, nutritional assessment, developmental appraisal, and dental care for children. Care coordination in CHDs: Care coordination helps patients to access and obtain maximum benefit from needed health-related services. The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Care Coordination Program, implemented under Patient 1st, the Alabama Medicaid Agency's primary care case management program, is the primary channel through which ADPH provides care coordination for children. ADPH care coordinators serve adults enrolled in Patient 1st as well. FHS staff provide quarterly training events for area- or county-level ADPH care coordinators. Children and youth with special health care needs (CYSHCN): Through 15 community-based offices, CRS provides information, referral, medical, rehabilitative, and care coordination services to CYSHCN. Enabling services include transportation assistance, interpretation, and family/youth support.

b. Population-Based Services:  
(max 2500 characters)

Newborn Screening: ADPH administers 2 statewide newborn screening programs through FHS's Division of Newborn Screening. One of these programs, the Newborn Screening Program (NSP), provides population-based screening of newborns for phenylketonuria (PKU), hypothyroidism, galactosemia, hemoglobinopathies, adrenal hyperplasia, and cystic fibrosis. Further, through the use of Tandem Mass Spectrometry, NSP is incrementally adding tests for other disorders to the screening panel, which currently screens for 28 primary disorders. The second of these screening programs is the Universal Newborn Hearing Screening (UNHS) Program, which partners with CRS and other public and private service providers to implement universal newborn hearing screening. All of Alabama's 54 birthing hospitals have universal newborn hearing screening programs in place. The UNHS Program staff track infants who did not pass or did not have a hearing screening to ensure that they receive appropriate follow-up services. CRS assists with tracking by sharing data electronically with UNHS Program staff on the outcome of secondary testing for children who fail initial UNHS and then choose CRS for follow-up screening. Along with UNHS Program staff, CRS ensures access to appropriate diagnostic, treatment, and intervention services for hearing impairment. Adolescent pregnancy prevention: Family planning services for adolescents are provided in ADPH clinics, and the State Children's Health Insurance Program (SCHIP) continues offering family planning coverage for eligible teens up to 200% of poverty. CRS partners with local schools, daycare facilities, and Head Start Centers in underserved areas to provide on-site screenings for hearing loss and/or scoliosis. Children who fail screenings are referred to their physician or to CRS clinics for further evaluation.

c. Infrastructure Building Services:  
(max 2500 characters)

State Perinatal Program: This program operates under the State Board of Health and the State Perinatal Advisory Council (SPAC). SPAC represents the Regional Perinatal Advisory Councils, and advises the State Health Officer in the planning, organization, and implementation of the Perinatal Program. The Director of the State Perinatal Program and 5 Regional Nurse Perinatal Coordinators are administratively located in FHS, and engage in activities, including fetal infant mortality review, to address concerns of SPAC and the Regional Perinatal Advisory Councils. Healthy Child Care Alabama Project: This program is administratively located in FHS, and is a collaborative effort between ADPH and the Alabama Department of Human Resources. Through the program, 10 registered nurse consultants work in a variety of community settings, in 61 of the State's 67 counties. Their services include providing developmental, health, and safety classes; coordinating community services for some children with special health care needs; and identifying community resources to promote child health and safety. CRS Parent Connection Program: This program includes a parent support network, activities of the State and Local Parent Advisory Committees, employment of Parent Consultants, publication of a newsletter, and sibling support activities. Healthy People 2010: CRS continues its

lead role in planning and implementing activities related to the Healthy People 2010 objectives for CYSHCN. CRS continues enhancing its management information system and increasing its use of communication technology for educating the public, clients, and families.

12. The primary Title V Program contact person:

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13. The children with special health care needs (CSHCN) contact person:

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**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: AL**

**Form Level Notes for Form 11**

In discussion of trends, unless stated otherwise, all percent changes cited are based on a multiplicative model. In addition to being based on a multiplicative model, all "average" annual percent changes cited assume a constant percent change from year to year. In many cases, trends are analyzed by comparing 3-year periods in order to summarize changes and, in some cases, to minimize fluctuation caused by small numbers of events in the statistical sense.

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007
<b>Annual Performance Objective</b>	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0
<b>Numerator</b>	59	64	86	88
<b>Denominator</b>	59	64	86	88
<b>Data Source</b>				ADPH Newborn Screening Neometrics Database
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>				
<b>Is the Data Provisional or Final?</b>				Final

<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012
<b>Annual Performance Objective</b>	100	100	100	100
<b>Annual Indicator</b>				
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.			
<b>Denominator</b>				

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

All results are for calendar years (CYs).

The 107 infants include 7 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

**Trends:**  
This indicator has remained at 100% in the years shown, but the number of newborns who screened positive increased notably: from 64 infants in CY 2005 (the first year that tandem mass spectrometry was used for the entire year), to 86 infants in CY 2006, to 88 infants in CY 2007, to 107 infants in CY 2008 (the first year that cystic fibrosis was included in newborn screening). This is an increase of 43 infants, only 7 of whom were identified as having cystic fibrosis. The increase continues to be largely--but not totally--in the number of infants who were confirmed as having sickle cell disease, which was as follows: 36 infants in CY 2005, 56 infants in CY 2006, 51 infants in CY 2007, and 57 infants in FY 2008. FHS will continue to monitor the number of positive screens in future years.

**Objectives:**  
Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

- Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The 88 infants include 2 infants with hyperphenylalaninemia, rather than classic PKU. Depending on how high their phenylalanine levels are, some infants with hyperphenylalaninemia require dietary management.

**Objectives:**  
Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.
- Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

**Objectives:**

Objectives have remained at 100% for several years, and will remain there unless the status of this indicator changes.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	66	66.1	66.1	70	59.9
<b>Annual Indicator</b>	66.1	66.1	66.1	59.9	59.9
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					2005-06 National Survey of CSHCN
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	59.9	59.9	59.9	59.9	59.9
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

See this indicator's field note to year 2008 about data-related issues.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Through 2006 each year shown for this indicator is pre-populated with the estimate for Alabama from the National Survey of CSHCN that was conducted in 2001. Additional information about this survey is provided below. Continued use of the estimate from the 2001 survey for annual performance objectives reflects that the survey is conducted only periodically, and a more recent estimate is not yet available. New data are expected to be released in FY 2007.

The National Survey of CSHCN utilized State and Local Area Integrated Telephone Survey (SLAITS) procedures. The survey is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, CDC, and provided to HRSA's Maternal and Child Health Bureau.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.



**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	53	53.9	53.9	60	50
<b>Annual Indicator</b>	53.9	53.9	53.9	50	50
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					2005-06 National Survey of CSHCN
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	50	50	50	50	50
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2 surveys are not comparable for this indicator.

**2. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note for FY 2008 about data-related issues.

**3. Section Number:** Form11\_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Through 2006 each year shown for this indicator is pre-populated with the estimate for Alabama from the National Survey of CSHCN that was conducted in 2001. Additional information about this survey is provided below. Continued use of the estimate from the 2001 survey for annual performance objectives reflects that the survey is conducted only periodically, and a more recent estimate is not yet available. New data are expected to be released in FY 2007.

The National Survey of CSHCN utilized State and Local Area Integrated Telephone Survey (SLAITS) procedures. The survey is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, CDC, and provided to HRSA's Maternal and Child Health Bureau.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	59	59.7	59.7	62	65
<b>Annual Indicator</b>	59.7	59.7	59.7	65	65
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					2005-06 National Survey of CSHCN
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	65	65	65	65	65
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. This survey was first conducted in 2001. The same questions were used to generate this indicator for both the 2001 and the 2005-06 CSHCN survey.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2008 about data-related issues.

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Through 2006 each year shown for this indicator is pre-populated with the estimate for Alabama from the National Survey of CSHCN that was conducted in 2001. Additional information about this survey is provided below. Continued use of the estimate from the 2001 survey for annual performance objectives reflects that the survey is conducted only periodically, and a more recent estimate is not yet available. New data are expected to be released in FY 2007.

The National Survey of CSHCN utilized State and Local Area Integrated Telephone Survey (SLAITS) procedures. The survey is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, CDC, and provided to HRSA's Maternal and Child Health Bureau.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>73</u>	<u>73.7</u>	<u>73.7</u>	<u>78</u>	<u>91.7</u>
<b>Annual Indicator</b>	<u>73.7</u>	<u>73.7</u>	<u>73.7</u>	<u>91.7</u>	<u>91.7</u>
<b>Numerator</b>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<b>Denominator</b>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<b>Data Source</b>					2005-06 National Survey of CSHCN
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	<u>91.7</u>	<u>91.7</u>	<u>91.7</u>	<u>91.7</u>	<u>91.7</u>
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. Compared to the 2001 CSHCN survey, there were revisions to the wording, order, and number of questions used to generate this indicator for the 2005-06 CSHCN survey. The data for the 2 surveys are not comparable for this indicator.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2008 about data-related issues.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

Through 2006 each year shown for this indicator is pre-populated with the estimate for Alabama from the National Survey of CSHCN that was conducted in 2001. Additional information about this survey is provided below. Continued use of the estimate from the 2001 survey for annual performance objectives reflects that the survey is conducted only periodically, and a more recent estimate is not yet available. New data are expected to be released in FY 2007.

The National Survey of CSHCN utilized State and Local Area Integrated Telephone Survey (SLAITS) procedures. The survey is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, CDC, and provided to HRSA's Maternal and Child Health Bureau.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	10	38.3
Annual Indicator	5.8	5.8	5.8	38.3	38.3
Numerator					
Denominator					
Data Source					2005-06 National Survey of CSHCN

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	38.3	38.3	38.3	38.3	38.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data come from the National Survey of Children with Special Health Care Needs (CSHCN), conducted by the U.S. Health Resources and Services Administration (HRSA) and the U.S. Centers for Disease Control and Prevention (CDC) in 2005-06. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate this indicator for the 2005-06 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the 2 surveys are not comparable for this indicator, and findings from the 2005-06 survey may be considered baseline data.

2. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

See this indicator's field note to year 2008 about data-related issues.

3. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Through 2006 each year shown for this indicator is pre-populated with the estimate for Alabama from the National Survey of CSHCN that was conducted in 2001. Additional information about this survey is provided below. Continued use of the estimate from the 2001 survey for annual performance objectives reflects that the survey is conducted only periodically, and a more recent estimate is not yet available. New data are expected to be released in FY 2007.

The National Survey of CSHCN utilized State and Local Area Integrated Telephone Survey (SLAITS) procedures. The survey is the result of analyses conducted by the staff of the Special Populations Surveys Branch, Division of Health Interview Statistics, National Center for Health Statistics, CDC, and provided to HRSA's Maternal and Child Health Bureau.

All estimates from the National Survey of CSHCN are subject to sampling variability, as well as survey design flaws, respondent classification and reporting errors, and data processing mistakes.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	86.9	83.8	85.1	86.4	87.7
Annual Indicator	82.6	82.3	85.3	81.9	78.9
Numerator					
Denominator					
Data Source					CDC National Immunization Survey
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	89	89	89	89	89
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Values for all years are from the National Immunization Survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 6.2 for Alabama in FY 2008. The specific CDC table used was "tab02\_antigen\_iap.xls," "Q3/2007-Q2/2008." Children in this survey were born between July 2004 and January 2007.

**Trends:**

This indicator has not shown a clear trend over the years shown. As indicated by the confidence interval, this indicator can fluctuate notably from year to year, and the decline in 2008 relative to 2006 and 2007 was not statistically significant, although it is cause for concern.

**Objectives:**

As this indicator can fluctuate and was notably below the objective for FY 2008, we set the objective for 2013 at 89.0%: the same as the objective for 2009-2012.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Values for all years are from the National Immunization Survey conducted by CDC. Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 5.8 for Alabama in FY 2007. The specific CDC table used was "tab03\_antigen\_state.xls," "Q3/2006-Q2/2007." Children in this survey were born between July 2003 and December 2005.

**Objectives:**

See field note for 2008.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Values for all years are from the National Immunization Survey conducted by CDC. Tables published by CDC do not provide numerators and denominators, which is why these items are left blank, but show a 95% confidence interval of + or - 5.1 for Alabama in FY 2006. The specific CDC table used was "tab03\_antigen\_state.xls," "Q3/2005-Q2/2006." Children in this survey were born between July 2002 and January 2005.

**Objectives:**

See field note for 2008.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	33.8	26.8	25.1	24.8	24.6
Annual Indicator	27.4	25.3	27.8	28.7	
Numerator	2,672	2,486	2,683	2,789	
Denominator	97,694	98,093	96,589	97,021	
Data Source					Vital records and Census
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the reasons above, explain the data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	28.2	27.9	27.6	27.3	27.1
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

All estimates shown are for calendar years.

The U.S. Census Bureau's population estimates for 15-17 year-old females are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 11 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 11 use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the live birth rates per 1,000 among 15-17 year-old females were 28.9 (2,672/92,474) in 2004 and 26.3 (2,486/94,586) in 2005.

**Trends:**

Earlier in this decade, the live birth rate among Alabama 15-17 year-old females declined (improved) from 36.2 live births per 1,000 such females in 2000 to 26.3 live births per 1,000 in 2005. With 1 exception, this rate declined every year during that period. (No decline occurred in 2004.) Then, however, the rate increased to 27.8 births per 1,000 in 2006 and again increased to 28.7 births per 1,000 in 2007. Comparing 3-year periods, the live birth rate among 15-17 year-old females declined from 33.1 per 1,000 (9,270/280,533) in 2000-02 to 27.6 per 1,000 (7,958/288,196) in 2005-07: for an overall decline of 16.4% and an average annual decline of 3.5%. Comparing more recent, single years, the rate declined from 31.2 per 1,000 (2,899/93,007) in 2002 to 28.7 per 1,000 in 2007: for an average annual decline of 1.6%.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% per year from the 2005-07 baseline of 27.6 live births per 1,000 15-17 year-old females. (For setting objectives, this baseline was considered to represent the rate for 2006.) This rate of decline is less than the average annual declines described above, but the objectives are challenging nevertheless, given the increase of this indicator in 2006 and again in 2007.

**3. Section Number:** Form11\_Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2006**Field Note:****Source:**

The U.S. Census Bureau's population estimate for 15-17 year-old females is used as the denominator for 2006 onward. See field note for 2008 for details.

**Objectives:**

Objectives from 2006-2008 require a continuing annual decline of 1.0% from the 2005 baseline.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	23.2	23.7	24.2	26.7	27
Annual Indicator	22.9	23.2	26.4	27.7	27.7
Numerator			629	2,580	2,580
Denominator			2,380	9,301	9,301
Data Source					ADPH Oral Health Branch Survey data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	28.8	29.4	30	30.6	31.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Another observation-based survey on the prevalence of dental sealants is expected to be conducted in FY 2011-12. Until then, we are using the observation-based numbers for FY 2007 as our best estimates for years in which a survey of dental sealants is not conducted.

**Objectives:**

We have set the year 2013 objective at 31.2 using the methodology described under objectives in the 2007 field note.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The Oral Health Branch and the University of Alabama at Birmingham School of Dentistry partnered to conduct an observation-based, representative statewide survey of dental sealants among third-grade Alabama children from January 2006-March 2007. Jefferson County Department of Health also conducted a survey in its jurisdiction during 2006. The data from both surveys were compiled to report on this indicator. Data previously reported for 2006 were a subset of the complete study.

**Trends:**

There has been notable improvement in this indicator. The observation-based, representative survey completed in FY 2007 found that 27.7% of third-grade Alabama children had received protective dental sealants, an improvement of 22.2% over the FY 2003 observation-based survey finding of 22.7%. The estimated annual percentage of improvement was 5.1%.

**Objectives:**

As the observed status of 27.7 in 2007 exceeds (is better than) the 2008 objective of 27.0, the objectives from 2009-2012 have been revised. However, since the data are based on a sample, the estimates may fluctuate. Using the 2007 estimate of 27.7 as a baseline, targets were set to require an annual improvement of 2.0%--a modest improvement, yet challenging given the State's historically underserved rural counties.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

The provisional estimate for 2006 is from an observation-based, representative statewide survey of dental sealants among third-grade children in the State, conducted from January through May 2006.

**Objectives:**

Objectives from 2007-2010 have been revised, and the one for 2011 set, to require an annual increase (improvement) of 1.0% from the (unrounded) provisional 2006 baseline.

We estimated the percentage for FY 2004 by multiplying 1.01 times the observation-based percentage for FY 2003, and that for FY 2005 by multiplying 1.01 times the aforesaid interpolated estimate for FY 2004. The factor of 1.01 was chosen because, based on 2 observation-based point estimates, the annual rate of improvement between FYs 1991 and 2003 had been 1.061%. Numerators and denominators are not provided for interpolated estimates, shown for 2004 and 2005.)

From the 2003 baseline, targets require an annual improvement of 2.1% per year--a modest improvement, but twice that of the estimated historical rate of improvement of 1.061% per year.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	7.5	6.4	5.8	6.2	6.1
Annual Indicator	6.6	6.5	6.4	3.5	
Numerator	62	61	59	32	
Denominator	935,145	936,034	922,002	925,353	
Data Source					Vital records and Census
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.2	5.1	5	4.9	4.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 death files are not yet available for Alabama. Our experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

All estimates shown are for calendar years.

The U.S. Census Bureau's population estimates for persons 14 years of age and younger are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the 2004 and 2005 rates shown on Form 11 for this indicator are based on the population projections for those years, because the Web-based Title V Information System does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Current best estimates, reported as the number of deaths due to motor vehicle crashes per 100,000 population in this age group, are: for 2004, 6.8 (62/918,475); and for 2005, 6.7 (61/916,861).

**Trends:**

Among Alabama residents 14 years of age and younger, the rate of deaths due to motor vehicle crashes declined from 6.0 deaths per 100,000 (167/2,780,153) in 2000-02 to 5.5 deaths per 100,000 (152/2,764,216) in 2005-07: for an overall decline of 8.5% and an average annual decline of 1.8%. Rates for individual years during the surveillance period (2000-2007) ranged from 3.5 deaths per 100,000 in 2007 to 6.8 deaths per 100,000 in 2004.

**Objectives:**

In April 2009 objectives for 2009 onward were revised downward (made more aggressive), in light of recent trends. Specifically, considering the unrounded rate for 2005-07 to be the baseline for 2006, objectives for 2009 onward require an average annual decline of 2.0%. We are aware that all of the objectives are higher (worse) than the rate of 3.5 deaths per 100,000 in 2007. However, this rate is the lowest during the surveillance period and may fluctuate annually. If the rate remains around the 2007 level for 3 years in a row, objectives will again be revised downward.

**3. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

The U.S. Census Bureau's population estimates for persons 14 years of age and younger are used as denominators for 2006 onward. See 2007 field note for details.

Objectives for 2003-2005 are retained from the Maternal and Child Health Services Block Grant 2003 Report/2005 Application. The objective for 2006, developed in FY 2005, required an annual decline of 2.0% from the 3-year baseline of 6.6 deaths per 100,000 in 1999-01 and was not achieved. Objectives from 2007 forward require a decline of 2.0% per year from the unrounded provisional 3-year rate for 2004-06 (6.5 per 100,000), considering that rate as the 2005 baseline.



**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			26.1	27.1	28.2
Annual Indicator	25.6	23.2	28.3	27.0	
Numerator	13,714	12,835	16,533	16,169	
Denominator	53,569	55,363	58,353	59,913	
Data Source					Pregnancy Risk Assessment Monitoring System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	29.4	30.5	31.7	33	34.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Estimates for this indicator are for calendar year (CY) and are from Pregnancy Risk Assessment Monitoring System (PRAMS) data, managed by the U.S. Centers for Disease Control and Prevention (CDC). Alabama PRAMS is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. Because data are based on a sample, some statistical imprecision is expected. Observations for which breastfeeding status is unknown or unreported are excluded from the denominator.

The percentage of mothers who were breastfeeding at the time of the survey is used as a surrogate for the percentage breastfeeding at 6 months following delivery, since the survey questionnaire is sent to mothers about 2-3 months after delivery.

Due to time required for data management, data for a given year do not generally become available to the states until at least 16 months after the end of the data collection year. For example, PRAMS data for 2004 were not available by June 2006. The Alabama Department of Public Health's Center for Health Statistics will provide numbers from the PRAMS 2008 dataset soon after CDC provides the dataset, but numbers for 2008 are not expected to be available before April 2010.

Estimates shown on Form 11 for 2004 and 2005 are preliminary estimates that were provided before the State's PRAMS reports for those years were published. At this time, the Title V Information System does not allow us to directly correct estimates for those years.

**2. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

See 2008 field note regarding data source and limitations.

**Trends:**

When available, confidence intervals for the following estimates are shown parenthetically. For the surveillance period 2000-2004, the weighted percentage of PRAMS mothers who were breastfeeding at the time of the survey increased slightly each year: from 20.3% (17.7-22.9) in 2000 to 25.5% (22.5-28.8) in 2004. Though the estimate then declined to 23.5% (20.6-26.6) in 2005, it increased to 28.3% (25.3-31.6) in 2006. It decreased slightly in FY 2007 to 27.0%, although it remained higher than at any time in 2000-2005. Overall, this indicator has improved by 16.3% from the estimate of 23.2% in 2003 to the estimate of 27.0% in 2007.

**Objectives:**

Objectives through 2010, set in FY 2006, require an average annual increase (improvement) of 4.0% per year, from the unrounded 2003 baseline of 23.2%. We are aware that the estimated prevalence for CY 2006 exceeds (is better than) objectives for 2007 and 2008. Objectives for 2011-2013 have been revised to continue an average annual improvement of 4% per year.

**3. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

Estimates for this indicator are for CYs and are from PRAMS data, managed by CDC. See note to year 2007 for more information about PRAMS.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	87.5	90	95.2	95.3	95.4
Annual Indicator	88.2	95.1	96.2	93.1	93.9
Numerator	51,459	56,371	59,764	59,578	59,548
Denominator	58,369	59,300	62,100	63,995	63,447
Data Source					ADPH Newborn Screening Neometrics Database
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	95.5	95.6	95.7	95.7	95.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

All estimates pertain to calendar years. The denominator for each year is the number of occurrent live births during the year. The denominator for 2008 is provisional, based on preliminary live birth files, as of April 2, 2009.

The numerator was obtained from the Alabama Department of Public Health's Newborn Screening Program's database, Neometrics(TM). Neometrics contained hearing screening records for an unduplicated count of 61,924 newborns. Of these, 2,376 had no hearing screening performed prior to discharge from the hospital. Of the 2,376 who were not screened, 7 instances were due to parental refusal. Additionally, there were 5,653 newborns for whom no hearing screening data were entered into the system. Per information from the Universal Newborn Hearing Screening (UNHS) Coordinator, these infants most likely received a hearing screening before discharge, but after the blood spot form had already been submitted. Even when the hearing screening results are subsequently entered into Neometrics, they are not appropriately captured for reporting purposes as a pre-discharge screen. The UNHS Coordinator anticipates a software update from Neometrics by 2010 that will resolve this data issue. Because we cannot confirm that each of the 5,653 children did receive a hearing test, the numerator may be an overestimation. As previously stated, the number of newborns who did not have hearing screening data entered into the database in 2008 was 5,653, which is a 29.7% decline over the 2006 number of 8,037.

See 2006 field note regarding annual performance objectives. The 2013 objective remains the same as the 2012 objective of 95.7%.

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

The denominator for 2007 was finalized at 63,995 from the estimate of 63,986 used in the FY 2007 Report.

The numerator was updated to reflect data from a new report available from Neometrics. Neometrics contained hearing screening records for an unduplicated count of 62,093 newborns. Of these, 2,515 had no hearing screening performed prior to discharge from the hospital. Of the 2,515 who were not screened, 9 instances were due to parental refusal. Additionally, there were 5,203 newborns for whom no hearing screening data were entered into the system. Per information from the UNHS Coordinator, these infants most likely received a hearing screening before discharge, but after the blood spot form had already been submitted. (See 2008 field note regarding this data problem.) Because we cannot confirm that each of the 5,203 children did receive a hearing test, the numerator may be an overestimation. Notably, the number of newborns for whom no hearing screening data were entered into the system decreased from 8,037 in 2006 to 5,203 in 2007, a 35.3% decline.

See 2006 field note regarding trends and annual performance objectives.

**3. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator was updated to reflect data from a new report available from Neometrics. Neometrics contained hearing screening records for an unduplicated count of 59,797 newborns in 2006. Of these, 33 had no hearing screening performed prior to discharge from the hospital. Of the 33 who were not screened, 7 instances were due to parental refusal. Additionally, there were 8,037 newborns for whom no hearing screening data were entered into the system. Per information from the UNHS Coordinator, these infants most likely received a hearing screening before discharge, but after the blood spot form had already been submitted. (See 2008 field note regarding this data problem.) Because we cannot confirm that each of the 8,037 children did receive a hearing test, the numerator may be an overestimation.

Because a new methodology was used to report the numerator for 2006-2008, these data are not comparable to the 2004-2005 data.

Objectives:

Objectives for 2006 onward were set to gradually reach 95.6%, the highest value on record for this indicator, by 2010, increase slightly in 2011, and then remain stable. We are aware that the observed value of 96.2% in 2006 exceeds (is slightly better than) objectives through 2012. However, given historical values for this indicator (60.2% in 1999, 84.0% in 2001, and 88.2% in 2004) and the potential for yearly fluctuations, remaining at or slightly above 95% would represent a notable achievement. Further, the 3-year average for 2006-08 is 94.4%, which is less than objectives from 2006 onward.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.6	8.5	7.3	6.9	6.8
Annual Indicator	7.4	4.5	7.4	7.3	
Numerator	81,000	49,000	82,000	82,000	
Denominator	1,095,000	1,083,000	1,114,000	1,123,000	
Data Source					U.S. Census Historical Health Insurance Table HIA5
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	6.8	6.7	6.6	6.6	6.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Reference for estimates is Historical Health Insurance Table 5 (HIA-5), obtained from the U.S. Census Web site. Table HIA-5 does not yet include estimates for 2008. When estimates for 2008 are provided on the U.S. Census Web site, this report/application will be updated accordingly at the first opportunity.

**Objectives:**

See 2007 field note.

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Reference for estimates is the revised Historical Health Insurance Table 5 (HIA-5), which pertains to persons under 18 years of age, obtained from the U.S. Census Web site on March 13, 2009. As of April 2009, the Title V Information System does not allow us to directly enter revised numbers for 2004. Therefore, estimates shown for that year are from the original Historical Health Insurance Table 5 (HI-5). According to HIA-5 (which is preferable to HI-5), the percentage of Alabama residents under 18 years of age who were uninsured was 6.3% (69,000/1,096,000) in 2004.

Because the references round numbers of individuals to thousands, percentages calculated by the Title V Information System's Web-based reporting package sometimes differ slightly from estimates shown in Census Bureau tables.

**Trends:**

In the discussion that follows, the source for the prevalence of non-insurance from 1999-2007 is the Census Bureau's revised Historical Health Insurance Table 5 (HIA-5). The source for the prevalence of non-insurance in earlier years is the Census Bureau's original Historical Health Insurance Table 5 (HI-5). As previously mentioned, numbers shown for NPM #13 on Form 11 for 2004 are from HI-5, so the following discussion does not precisely coincide with Form 11. In 2007, 7.3% of Alabama children and youth had no health insurance. This prevalence is the third lowest on record for the State. Combining the years 2005-2007, 6.1% of Alabama children and youth were uninsured.

Trends show substantial progress. The prevalence of non-insurance among Alabama children and youth declined from 9.4% in 1999 to 7.3% in 2007: a decline of 22.7%. Further, from 1999-2007 (the only years shown in HIA-5), the prevalence of non-insurance among Alabama children and youth was lower than the corresponding prevalence for the U.S. For example, in 2007, 7.3% of Alabama children and youth, versus 11.0% of U.S. children and youth, were uninsured.

Extending the surveillance period indicates even more progress in Alabama. Per HI-5, 22.0% of Alabama children and youth lacked health insurance in 1987, compared to 12.9% of U.S. children and youth. Comparing 2007 to 1987, the prevalence of non-insurance among Alabama children and youth declined by 66.8%.

**Objectives:**

Objectives through 2012 were retained from previous years. The objective for 2013 was determined by the methodology described in the 2006 field note, calculating a 1% annual decline from the 2004 baseline of 7.10582%. All limitations of the data as described in the note for 2006 continue to apply. While the objectives for 2007 onward may be challenging, they will be retained unless trends over a 3-period indicate that the objectives shown are clearly too low or too high.

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Reference for estimates is the revised Historical Health Insurance Table 5 (HIA-5), which pertains to persons under 18 years of age, obtained from the U.S. Census Web site

on April 17, 2008. See 2007 field note regarding data from the original Historical Health Insurance Tables (H1-5).

**Objectives:**

Objectives through 2006 were retained from previous years. Objectives for 2007 onward require an average annual decline (multiplicative model) of 1.0% per year, from the 3-year baseline for 2003-05, using Table HI-5. (Table HIA-5 was not available to the writer when objectives for 2006-2011 were set.) For the purpose of computing objectives for 2007 onward, to minimize random fluctuation from year to year, this 3-year percentage (7.10582%) was considered to be the 2004 baseline. Objectives from 2007 onward therefore require a 1.0% annual reduction from a baseline of 7.10582% for 2004. Because the objectives are carried to only 1 decimal, they sometimes remain the same 2 years in a row.

We recognize that the observed value for 2005 is notably below (better than) the objectives for subsequent years. However, estimates for this indicator can fluctuate from year to year, especially since they are based on a sample. Further, the estimate of 4.5% for 2005 is the lowest on record and surprisingly low: whether compared to Alabama's estimate of 7.4% in 2006 or the U.S. estimate of 10.9% in 2005. Additionally, the estimated percentage of uninsured Alabama residents under 18 years of age rose to 7.4% in 2006--which was very slightly above (worse) than the objective for that year. Therefore, the objectives for 2007 onward may be challenging, and they will be retained unless trends over a 3-period indicate that the objectives shown are clearly too low or too high.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30.1	29.9	29.8
Annual Indicator	30.4	30.9	28.7	28.6	
Numerator	9,187	9,313	14,300	14,714	
Denominator	30,221	30,140	49,826	51,448	
Data Source					CDC Pediatric Nutrition Surveillance System
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the data, please explain in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?	Final				Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	27.5	26.9	26.4	25.9	25.3
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

U.S. Centers for Disease Control and Prevention's (CDC's) Pediatric Nutrition Surveillance System (PedNSS) data for measuring the number and percentage of Alabama children, age 2 to 5 years, who are overweight (body mass index [BMI] at or above the 95th percentile) or at risk of becoming overweight (BMI at or above the 85th percentile to the 95th percentile) are used to calculate this indicator.

Because the FY 2007 PedNSS data in Table 6C became available in March 2009, we anticipate that FY 2008 data will be available in March 2010. Once 2008 PedNSS findings become available to the Bureau of Family Health Services (FHS), we will update Form 11 at the first opportunity.

**2. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

See the 2008 field note for the data source.

The reference is "Table 6C, 2007 Pediatric Nutrition Surveillance, Alabama--Comparison of Growth and Anemia Indicators by Contributor, Children Aged <5 years." Per this reference, 14.8% of the children had a BMI that had reached the 85th percentile but was less than the 95th percentile; and 13.8% of the children had a BMI at or above the 95th percentile. Adding these 2 percentages together, 28.6% of the children had a BMI at or above the 85th percentile. The numerator was estimated by multiplying the denominator by .286.

**Trends:**

When we began monitoring this measure in 2004, 30.4% of Alabama children, age 2 to 5 years, were observed to be overweight (BMI at or above the 95th percentile) or at risk of becoming overweight (BMI at or above the 85th percentile to the 95th percentile). In 2007, the observed value was 28.6%, which was an improvement of nearly 6%. The average annual percentage reduction was 2.0%. Although small, any improvement in this indicator is notable.

**Objectives:**

We are aware that the observed status in 2007 of 28.6 is less than (better than) the annual objective of 29.9. As stated in the 2006 field note, FHS had insufficient data initially for setting objectives. Although challenging, the 2009-2013 objectives have been revised to reflect a 2% annual reduction in this indicator from the baseline of 30.4% in 2004. Targets were revised through a multiplicative model using a factor of 0.98.

**3. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

The reference is "Table 6C, 2006 Pediatric Nutrition Surveillance, Alabama--Comparison of Growth and Anemia Indicators by Contributor, Children Aged <5 years." Per this reference, 15.0% of the children had a BMI that had reached the 85th percentile but was less than the 95th percentile; and 13.7% of the children had a BMI at or above the 95th percentile. Adding these 2 percentages together, 28.7% of the children had a BMI at or above the 85th percentile. The numerator was estimated by multiplying the denominator by .287.

FHS has insufficient data for describing historical trends in this indicator, which would be useful for setting objectives. Further, expecting dramatic reductions in the prevalence of overweight or being at risk for overweight may not be realistic. Accordingly, the objectives are based on a slow decline, from the 2004 baseline, of 0.5% per year.



**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			12.5	16.6	15.7
Annual Indicator	17.5	18.6	15.4	13.5	
Numerator	9,589	10,377	9,142	8,161	
Denominator	54,797	55,912	59,372	60,411	
Data Source					Pregnancy Risk Assessment Monitoring System
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	13.4	13.3	13.3	13.2	13.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

See 2006 field note for data source.

Due to time required for data management, data for a given year do not generally become available to the states until at least 16 months after the end of the data collection year. For example, Pregnancy Risk Assessment Monitoring System (PRAMS) data for 2004 were not available by June 2006. The Alabama Department of Public Health's Center for Health Statistics will provide numbers from the PRAMS 2008 dataset soon after the U.S. Centers for Disease Control and Prevention (CDC) provides the dataset, but numbers for 2008 are not expected to be available before April 2010.

**Objectives:**

See field note for 2007.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

See 2006 field note for data source and trends during the 1994-2005 surveillance period.

**Recent trends:**

In 2005 the weighted percentage of mothers who smoked in the last 3 months of the referent pregnancy was 18.6%, the highest estimate during the 1994-2007 surveillance period. During 2006 and 2007, this indicator declined (improved) to 15.4% and 13.5% respectively. The 2007 estimate of 13.5% is the second lowest weighted percentage during the surveillance period, with the lowest being 13.3% in 2003.

**Objectives:**

We are aware that the objective for 2007 is higher (worse than) the observed status in both 2006 and 2007. While acknowledging that this sample-based estimate can fluctuate markedly from year to year, we have revised the objectives for 2009-2013 to achieve an average annual decline (improvement) of 0.4% per a multiplicative model, using the 2007 indicator (13.5%) as the baseline. Maintaining this indicator below the 2007 baseline will be challenging and, if achieved, a notable accomplishment.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Estimates for this indicator are for calendar year and are from PRAMS data, managed by CDC. Alabama PRAMS is a population-based mail/telephone survey of Alabama residents who recently gave birth in the State. A stratified complex sampling design is used, and numbers reported here are weighted to represent all live births occurring in Alabama to Alabama residents. Because data are based on a sample, some statistical imprecision is expected. Observations for which smoking status is unknown or unreported are excluded from the denominator.

For the surveillance period 1994-2003, per Alabama PRAMS, the weighted percentage of mothers who had smoked in the last 3 months of the referent pregnancy was 15.2% in 1994, increased to 16.2% in 1995, declined slightly each year through 2000, increased to 15.6% in 2001, then declined slightly 2 years in a row, bringing it to 13.3% in 2003. Very roughly speaking, this is an average annual decline (improvement) of 1.5%, per a multiplicative model. The objective for 2006 was set to require a steeper annual decline, of 2.0%, from the 2003 baseline, the only baseline available when the objective was set (circa May 2006). However, given the status of this indicator in recent years (17.5% in 2004 and 18.6% in 2005), expecting a 2.0% decline from the 2003 baseline of 13.3% does not seem reasonable. Accordingly, objectives from 2007 through 2011 require a steady decline (of 5.4% annually) from the unrounded 2005 baseline (18.6%), to return to 13.3% (the lowest estimate on record for this indicator) by 2011.





**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.1	8.5	7.1	8.3	8.2
Annual Indicator	9.0	7.2	10.2	4.9	
Numerator	30	24	33	16	
Denominator	332,792	334,845	324,012	326,423	
Data Source					Vital records and Census
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	7.1	6.9	6.8	6.7	6.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Issues:

All estimates shown are for calendar years.

The U.S. Census Bureau's population estimates for persons 15-19 years of age are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the 2004 and 2005 rates shown on Form 11 for this indicator are based on the population projections for those years, because the Web-based Title V Information System does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Current best estimates, reported as the number of deaths due to suicide per 100,000 population in this age group, are: for 2004, 9.5 (30/315,546); and for 2005, 7.5 (24/319,471).

**Trends:**

Among 15-19 year-old Alabama residents, the rate of suicide deaths showed no consistent trend over the surveillance period (2000-2007). Comparing 3-year periods, the rate remained about the same: at 7.51 deaths per 100,000 (72/958,944) in 2000-02 and 7.53 deaths per 100,000 (73/969,906) in 2005-07--for an overall increase of 0.2% and an average annual increase of 0.05%. The slight increase occurred because of the relatively high number of deaths in 2006. The lowest and highest rates for single years in the surveillance period were juxtaposed: with the lowest rate occurring in 2007 and the highest rate occurring in 2006.

**Objectives:**

In April 2009 objectives for 2009 onward were revised downward, based on the 2005-07 baseline. Specifically, considering the unrounded rate for 2005-07 to be the baseline for 2006, objectives for 2009 onward require an average annual decline of 2.0%. We are aware that all of the objectives are higher (worse) than the rate of 4.9 deaths per 100,000 in 2007. However, this rate is the lowest during the surveillance period (2000-2007) and may fluctuate annually. If the rate remains around the 2007 level for 3 years in a row, objectives will again be revised downward.

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

Trends and Objectives:

[Editor's note: At the time the following description was written, population projections provided by Alabama's Center for Business and Economic Research were being used as denominators.]

Comparing 2004-05 to 2001-02, this indicator increased (worsened) by an average of 2.7% per year, for an overall increase of 8.2% (from 7.5 deaths per 100,000 in 2001-02 to 8.1 deaths per 100,000 in 2004-05). The indicator has fluctuated over the years shown, however. The objective for 2006 requires a decline of 0.5% from the 2005 baseline. Given the marked fluctuation in this indicator from year to year, however, a single-year baseline is not appropriate for setting objectives. Therefore, objectives for 2007-2010 were revised, and the objective for 2011 set, to require a 2.0% annual decline from the provisional 3-year rate for 2004-06. When setting objectives, this rate (8.66115 deaths per 100,000) was considered to represent the year 2005 baseline.



**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	88.2	79.8	81.4	82.3	83.1
Annual Indicator	80.9	80.6	79.7	82.0	
Numerator	953	1,041	1,014	1,105	
Denominator	1,178	1,291	1,273	1,348	
Data Source					Residential live birth file
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	82.1	82.5	82.9	83.4	83.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

All estimates shown are for calendar years. The data source is the residential live birth file for Alabama from 2000-2007.

Based on consultation with the Director of the State Perinatal Program in December 2008, 2 hospitals that had previously been classified as perinatal centers were reclassified as non-perinatal centers for 1999 onward. The estimates shown on Form 11 for this indicator for 2006 and 2007 are based on the new classification system. However, numbers shown on Form 11 for 2004 and 2005 are based on the previous classification system, because the Web-based Title V Information System does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Instead, in 2004 and 2005, 81.0% of very low birth weight live-born infants were born at a perinatal center (954/1,178 in 2004 and 1,046/1,291 in 2005).

**Trends:**

For Alabama very low birth weight residential live births, the percentage of infants who were born at perinatal centers increased slightly, from 79.3% (2,932/3,697) in 2000-02 to 80.9% (3,165/3,912) in 2005-07: for an overall increase of 2.0% and an average annual increase of 0.4%. However, year-to-year trends were not consistent during the surveillance period (2000-2007), though the highest percentage occurred in 2007 and the lowest percentage (77.5%) occurred in 2000.

**Objectives:**

In April 2009 objectives for 2009 onward were revised, based on the 2005-07 baseline for the new classification system. Specifically, considering the unrounded rate for 2005-07 to be the baseline for 2006, objectives for 2009 onward require an average annual increase (improvement) of 0.5%. These objectives are challenging, given that 82.0% was the highest value for this indicator during the surveillance period (2000-2007).

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

The following discussion of trends and objectives is based on numbers available in early 2008, which were based on the previous system of classifying hospitals. (The 2007 field note describes how the classification system was revised in December 2008.)

Comparing 2004-05 to 2001-02, this indicator worsened slightly, beginning at 82.0% in 2001-02 and ending at 80.8% in 2004-05. Overall, the indicator showed no consistent trend during 2001-2005.

Objectives from 2006 forward require a slow increase (improvement), by 1.0% per year (per a multiplicative model), from the 2005 baseline (1,041/1,291). Objectives are challenging, however, since the highest value for this indicator from 1999 through 2006 was 83.4% in 2002.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	86.7	87.8	83	83.4	83.8
Annual Indicator	83.7	82.5	81.2	79.2	
Numerator	49,499	49,743	51,115	50,818	
Denominator	59,170	60,262	62,915	64,180	
Data Source					Residential live birth file
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	82.5	82.5	82.5	82.5	82.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

All estimates shown are for calendar years. The data source is the residential live birth file for Alabama from 2000-2007. For all years shown, the numerator is the number reporting prenatal care as beginning during the 1st, 2nd, or 3rd month, based on the birth certificate item: "Month of Pregnancy Prenatal Care Began—First, Second, etc."

**Trends:**

For Alabama residential live births, the percentage of infants whose mother had received prenatal care in the 1st trimester declined from 82.6% (150,540/182,328) in 2000-02 to 81.0% (151,676/187,357) in 2005-07: for an overall decline of 1.95% and an average annual decline of 0.4%. With respect to single years, from a baseline of 82.5% in 2000, this indicator declined in 2001 and then increased 3 years in a row, bringing it to 83.7% in 2004. After then declining 3 years in a row, this indicator was at its lowest (worst) level for the surveillance period in 2007, when the mothers of 79.2% of infants had received prenatal care in the 1st trimester.

**Objectives:**

In April 2009 objectives for 2009 onward were revised, to require that the indicator stabilize at the 2004-06 rate of 82.5% (150,357/182,347). Given recent declines (worsening) in this indicator, an objective of stabilizing at 82.5% is quite challenging.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Comparing 2004-05 to 2001-02, the indicator barely changed (from 82.6% in 2001-02, to 83.1% in 2004-05). Given the barely perceptible improvement in this indicator in recent years, the objectives for 2006-2010 are challenging: though they require that the status increase by only 0.5% per year (per a multiplicative model), from the 2005 baseline.

**STATE PERFORMANCE MEASURE # 1**

Of 0-9 year-old children enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received care coordination in the reporting year.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			4.5	4.7	6.1
<b>Annual Indicator</b>	4.7	4.3	5.2	6.1	5.9
<b>Numerator</b>	13,824	12,781	15,853	18,144	17,760
<b>Denominator</b>	293,882	296,576	302,638	297,163	301,532
<b>Data Source</b>					Care Coordination program files and EPSDT Report
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	6.1	6.2	6.2	6.2	6.2
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:****Sources:**

The numerator is from an Alabama Department of Public Health EPSDT care coordination report, and the denominator is from the Alabama Medicaid Agency's "Form CMS-416: Annual EPSDT Participation Report." The numerator and denominator are unduplicated counts.

**Trends:**

Comparing single-years spaced 5 years apart, this indicator improved by 85.5%: from 3.2% in 2003 to 5.9% in 2008. Comparing adjacent 3-year periods, the measure improved by 41.1%: from 4.1% in 2003-05 to 5.7% in 2006-08.

**Objectives:**

Since the target of 6.2% remains challenging, it was extended through the year 2013.

**2. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

All years shown pertain to fiscal years (FYs).

The numerator is from an Alabama Department of Public Health EPSDT care coordination report, and the denominator was provided by the Alabama Medicaid Agency. The numerator and denominator are unduplicated counts.

Because observed values surpassed (were better than) the targets for 2006 and 2007, we have revised the objectives for 2008-2009 upward to 6.1%, and those for 2010-2012 upward to 6.2%. On the surface, objectives for 2008-2012 appear modest, compared to the 2007 baseline of 6.1%. However, the observed value may fluctuate and--especially without well documented historical trends--we are not confident that it will remain as high as 6.1%. Therefore, remaining at 6.1% for 2 years and achieving a status of 6.2% by 2010--as shown in the objectives--would be a notable accomplishment. If the observed value for this indicator notably increases in FY 2008, objectives will again be revised upward.

**3. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

For FY 2006, the numerator represents the number of 0-9 year-old children who received care coordination from ADPH care coordinators in that FY (unduplicated count), and was provided by the Bureau of Family Health Services' Social Work Branch. The denominator represents the number of Alabama Medicaid-enrolled 0-9 year-old children who were eligible for EPSDT services in FY 2006, and was provided by an Alabama Medicaid Agency staff member. The denominator is also an unduplicated count, meaning that each child was counted 1 time regardless of length of duration of eligibility.

Methodological changes in making this estimation effective for year 2005 may account for the slight decline in FY 2005 relative to FY 2004. Objectives from 2006 onward require an annual increase (improvement) of 4.0%, from the unrounded FY 2005 baseline. Though the targets would result in a status of just 5.2% in FY 2010 (versus a status of 4.3% in FY 2005), they are aggressive in terms of the number of children who would be served. That is, assuming that the number of 0-9 year-old EPSDT enrollees in FY 2010 is the same as the number in FY 2005, targets require that about 15,422 0-9 year-old EPSDT enrollees receive care coordination in FY 2010. Compared to 12,781 such individuals in FY 2005, this is an increase of about 2,641 individuals. Under the same assumptions, the objective for year 2011 would require that, compared to FY 2005, an additional 3,234 children would be served in 2011.

**STATE PERFORMANCE MEASURE # 2**

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			37	38.1	39.2
<b>Annual Indicator</b>	34.5	35.9	37.0	45.0	41.6
<b>Numerator</b>	169,766	180,089	188,475	226,476	203,444
<b>Denominator</b>	491,853	501,766	509,155	503,051	489,049
<b>Data Source</b>					CMS-416: Annual EPSDT Participation Report
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	40.4	41.6	42.9	45	45
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source:

The numerator and denominator for this measure come from the Alabama Medicaid Agency's "Form CMS-416: Annual EPSDT Participation Report" for Alabama, FY 2008. Per this report, the age range is from birth through 20 years. All estimates are for fiscal years.

**Trends:**

The percentage of Alabama Medicaid EPSDT enrollees who received a dental service increased (improved) from 34.0% (501,766/1,475,464) in 2003-05 to 41.2% (618,395/1,501,255) in 2006-08: for an overall increase of 21.1% and an average annual increase of 6.6%.

With respect to single years, in 2008 the percentage of Alabama Medicaid EPSDT enrollees who received a dental service declined to 41.6%, which was 3.4% below the status (45.0%) in 2007. It is notable that, for the first time since FY 2003, the number of individuals eligible for EPSDT also declined in 2008.

**Objectives:**

We are aware that the observed value for 2008 surpasses the target for 2009. However, the decline of this indicator in 2008 makes future trends uncertain. Therefore, we have not changed targets for 2009-2012 and have set the target for 2013 to match the 2007 observed status of 45.0. Targets will be reconsidered in FY 2010.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

This indicator improved remarkably in FY 2007, when 45% of Alabama Medicaid EPSDT enrollees received a dental service. We are aware that the observed value for 2007 surpasses the targets for the years 2007 through 2011. However, since the marked improvement in 2007 may be atypical and the percentage could decline in the future, we have retained previously set targets and set the target for 2012 to match the year 2007 observed status of 45%. If the percentage remains at around 45% or higher in FY 2008, in FY 2009 we will revise the targets upward.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator and denominator for this measure come from the Alabama Medicaid Agency's Title XIX FY Annual EPSDT Participation Report; Alabama, FY 2006, page 1. Per this report, the age range is from birth through 20 years.

From the 2003 baseline, this indicator has improved each year. Comparing 2006 to 2003, the indicator improved by an average of 5.5% per year (multiplicative model). The target for 2006 was reached. Expecting a continued annual improvement of 5.5% may not be reasonable. Therefore, the target for 2011 requires the same rate of improvement (3.0% per year) as previously set targets for 2006 through 2010.

**STATE PERFORMANCE MEASURE # 3**

The pregnancy rate (per 1,000) for adolescents aged 15-17 years.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			38.3	36.8	36.1
Annual Indicator	39.8	37.4	40.2	41.2	
Numerator	3,893	3,671	3,882	3,997	
Denominator	97,694	98,093	96,589	97,021	
Data Source					Vital records and Census
Is the Data Provisional or Final?				Final	

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	40.8	40.6	40.4	40.2	40
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

All estimates shown are for calendar years.

Data sources for the numerator are Alabama vital statistics files for, respectively, live births, fetal deaths, and abortions. The reference for each numerator is Table 27 in the "Alabama Vital Statistics" series, produced by the Alabama Department of Public Health's Center for Health Statistics.

The U.S. Census Bureau's population estimates for 15-17 year-old females are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 11 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 11 for those years were derived from population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the pregnancy rate per 1,000 among 15-17 year-old Alabama females in those years was 42.1 (3,893/92,474) in 2004 and 38.8 (3,671/94,586) in 2005.

**Trends:**

Earlier in this decade, the pregnancy rate per 1,000 among Alabama 15-17 year-old females declined (improved) from 53.0 pregnancies per 1,000 such females in 2000 to 38.8 pregnancies per 1,000 in 2005. This rate declined every year during that period. Then, however, the rate increased to 40.2 pregnancies per 1,000 in 2006 and again increased to 41.2 pregnancies per 1,000 in 2007. Comparing 3-year periods, the pregnancy rate among 15-17 year-old females declined from 48.5 per 1,000 (13,611/280,553) in 2000-02 to 40.1 per 1,000 (11,550/288,196) in 2005-07: for an overall decline of 17.4% and an average annual decline of 3.8%.

However, comparing the most recent 2-year periods, the rate rose by 0.6%: from 40.4 per 1,000 (7,564/187,060) in 2004-05 to 40.7 per 1,000 (7,879/193,610) in 2006-07.

The estimated number of pregnancies in this age group in 2007 was 3,997: about 231 more pregnancies than would have occurred if the 2007 rate had been identical to the 2005 rate of 38.8 per 1,000 (3,671/94,586).

**Objectives:**

Objectives from 2009 onward were revised, to require an annual decline of 0.5% from the 2007 baseline. These objectives are challenging, given the increases in this rate in 2006 and 2007.

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:****Sources:**

The U.S. Census Bureau's population estimate for 15-17 year-old females is used as the denominator for 2006 onward. See note to year 2007 for details.



**STATE PERFORMANCE MEASURE # 4**

The percentage of white male high school students who chewed tobacco or snuff on 1 or more of the 30 days preceding their participation in the Youth Risk Behavior Survey (YRBS).

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			29	28.7	28.4
<b>Annual Indicator</b>	29	32	32	32	32
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					Youth Risk Behavior Survey System
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	28.1	27.9	27.9	27.9	27.9
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

As of April 9, 2009, year 2007 Youth Risk Behavior Survey (YRBS) System estimates for Alabama are not available on the U.S. Centers for Disease Control and Prevention's (CDC's) Web site. Through consultation with the Alabama Department of Public Health's Bureau of Health Promotion and Chronic Disease, in which Alabama's YRBS System is administratively located, we learned that the CDC will not publish the 2007 data because they are unweighted and are not representative of all students in grades 9-12 attending public schools in Alabama. The next YRBS System estimates for Alabama are not anticipated until 2010 when the year 2009 estimates may be available. Therefore, the FY 2005 indicator is again used as the best current estimate.

**Objectives:**

Because no recent estimates are available, the year 2013 objective has been set to match the objectives for 2011-2012.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

For reasons discussed in the year 2008 note, the YRBS-based rate for 2005 is shown as our best estimate for 2007.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Because the YRBS survey is conducted in odd years only, the YRBS estimate for 2005 is shown as our best estimate for 2006.

**Trends:**

There has been a consistent improvement in this indicator over the surveillance years (1995, 1997, 1999, 2001, 2003, 2004, and 2005). During these years, the status of this indicator ranged from 25.0% in 2001 to 32.0% in 2005, with a median of 29.3% in 1997. The target of 27.9% for 2010 is lower than all but 2 of the observed values over the surveillance period.

**Objectives:**

Due to the absence of a current survey-based estimate for 2006, as well as to the lack of consistent improvement in this indicator in recent years, the 2011 objective was set to match the 2010 objective. Objectives for this measure were not set until FY 2006, so are left blank for 2005 and earlier years. Objectives require that the value for this indicator return to the 2004 level (29.0%) in 2006, then decline by 1.0% per year through 2010.

**STATE PERFORMANCE MEASURE # 5**

The degree to which the State CSHCN Program assures that all CYSHCN have adequate access to primary and specialty care and allied health and other related services.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			2	3	14
Annual Indicator			1	13	14
Numerator			1	13	14
Denominator	15	15	15	15	15
Data Source					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

This state performance measure (SPM) was created in response to FY 2004-05 needs assessment data from providers and families. It involves improving the knowledge base of health care providers in local communities related to the unique needs of CYSHCN and their families. The checklist measurement tool has been revised for use in assessing FY 2007 activities forward. The checklist originally created was very narrow in that each item was dependent on another and progress could only begin by developing a specific training module. This did not adequately capture Children's Rehabilitation Service's (CRS's) efforts related to this SPM and unnecessarily caused duplication of effort. The CRS State Office staff engaged in much discussion about activities that would promote the objective of this SPM and developed a revised checklist measurement tool. The new tool better represents groups of activities that support progress on this SPM. The performance measure itself has not changed. The checklist measurement tool has new items, but the scale is the same (0-15). Goals for future years have been revised. Scores for previous years are not comparable to the current measure. A scored checklist measuring progress on this performance measure is attached to Section IV.D SPM #5, "Last Year's Accomplishments." Please see the narrative sections for SPM #5 for more detailed information.

**2. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2008 about measurement and data-related issues.

**3. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

This performance measure involves improving the knowledge base of health care providers in local communities related to the unique needs of CYSHCN and their families.

During FY 2006 CRS experienced staff changes in critical leadership positions and a significant restructuring of duties in the State Office. This, in addition to competing priorities, limited CRS's ability to address this performance measure.

**STATE PERFORMANCE MEASURE # 6**

The degree to which the State CSHCN Program collaborates with schools, advocacy groups, and families to enhance inclusive participation by CYSHCN in their schools and communities.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			2	3	13
Annual Indicator			1	12	13
Numerator			1	12	13
Denominator	15	15	15	15	15
Data Source					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	14	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

This state performance measure (SPM) was created in response to FY 2004-05 needs assessment data from providers and families. It involves providing training and promoting advocacy both for families and for schools and communities. The checklist measurement tool has been revised for use in assessing FY 2007 activities forward. The checklist originally created was very narrow in that each item was dependent on another and progress could only begin by developing a specific training module. This did not adequately capture Children's Rehabilitation Service's (CRS's) efforts related to this SPM and unnecessarily caused duplication of effort. The CRS State Office staff engaged in much discussion about activities that would promote the objective of this SPM and developed a revised checklist measurement tool. The new tool better represents groups of activities that support progress on this SPM. The performance measure itself has not changed. The checklist measurement tool has new items, but the scale is the same (0-15). Goals for future years have been revised. Scores for previous years are not comparable to the current measure. A scored checklist measuring progress on this performance measure is attached to Section IV.D SPM #6, "Last Year's Accomplishments." Please see the narrative sections for SPM #6 for more detailed information.

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

See this indicator's field note to year 2008 about measurement and data-related issues.

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

This performance measure involves providing training and promoting advocacy both for families and for schools and communities.

During FY 2006 CRS experienced staff changes in critical leadership positions and a significant restructuring of duties in the State Office. This, in addition to competing priorities, limited CRS's ability to address this performance measure.

**STATE PERFORMANCE MEASURE # 7**

The degree to which the Bureau of Family Health Services (Bureau) collects, analyzes, and disseminates findings from data pertinent to ongoing maternal and child health (MCH) needs assessment.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			6	9	14
<b>Annual Indicator</b>	5	5	8	14	12
<b>Numerator</b>	5	5	8	14	12
<b>Denominator</b>	18	18	18	18	18
<b>Data Source</b>					FHS Program
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	14	14	18	18	18
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

All scores pertain to fiscal years.

The scored checklist for 2008 is attached to Section IV.D, State Performance Measure (SPM) #7, "Last Year's Accomplishments."

**Trends:**

Notable progress on this measure was made by 2007, when the score increased to 14 out of a possible 18. However, the score declined to 12 in 2008 because only 1 perinatal region had a functional fetal and infant mortality review (FIMR) program in FY 2008.

**Objectives:**

The State Perinatal Program is currently implementing FIMR statewide. Therefore, the score for this indicator is expected to return to 14 in 2009 or 2010 and remain there through 2011, when the objective increases to 18. Achieving a score of 18 is contingent on utilization of findings from the National Survey of Children's Health in the ongoing 5-year maternal and child health needs assessment (item 3 on the checklist), production of a reader-friendly statewide needs assessment report focusing on children and youth (item 6 on the checklist), progress in FIMR (item 1 on the checklist), and maintenance of effort regarding other items on the checklist.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Objectives for 2008 and 2009 have been revised upward, to match the score achieved in 2007. Due to competing reporting responsibilities, further progress on the criteria for this measure is not expected until 2011, when the target is the maximum score for this indicator. Whether this maximum score will be achieved, however, depends on future staffing and budgetary resources and on emerging issues.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: AL**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.3	9.2	9.1	8.8	8.8
Annual Indicator	8.7	9.3	9.0	10.0	
Numerator	516	561	569	641	
Denominator	59,170	60,262	62,915	64,180	
Data Source					
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	9.2	9.1	9	8.9	8.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

**1. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The data sources are Alabama residential live birth files (denominator files) and Alabama residential death files (numerator files). For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent. All estimates are for calendar years.

**Trends:**

As shown on Form 12, the infant mortality rate increased notably in 2005, declined in 2006, and then increased sharply, to 10.0 deaths per 1,000 live births in 2007.

Comparing 3-year periods over a longer term, the infant mortality rate increased from 9.3 deaths per 1,000 live births (1,699/182,328) in 2000-02 to 9.5 deaths per 1,000 live births (1,771/187,357) in 2005-07: for an overall increase of 1.4%. The lowest 3-year infant mortality rate during the surveillance period was 8.9 deaths per 1,000 live births in 2002-04 and 2003-05.

**Objectives:**

Objectives from 2009 onward were calculated by adding the objectives (carried out to 5 decimals) for the corresponding neonatal and postneonatal mortality rates. (Methods for determining neonatal and postneonatal mortality objectives are respectively described in the year 2007 field notes for National Outcome Measures #3 and #4.) Given the recent increase in the infant mortality rate, the objectives are challenging.

**Discussion:**

The Alabama Department of Public Health (ADPH) is very concerned about the increase in the State's infant mortality rate in 2007. Both the neonatal and postneonatal mortality rates increased in the State in that year, relative to 2006. ADPH is further assessing this increase and is seeking to implement measures to reduce the risk of death among Alabama infants. Public input concerning potential reasons for the increase is being sought as part of the ongoing fiscal year 2009-10 maternal and child health needs assessment. Also as part of this needs assessment, trends in infant mortality will be studied according to various demographic characteristics, source of payment for delivery, age at death, and birth weight. Further, the State is expanding its fetal and infant mortality review program, which is discussed in the narrative for National Performance Measure #17 and State Performance Measure #7.

**3. Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data Issues:

See year 2007 note.

**Trends:**

At 8.7 infant deaths per 1,000 live births, the infant mortality rates for 2003 and 2004 tie for the lowest single-year rate on record for the State. However, the rate then increased in 2005, to 9.3 infant deaths per 1,000 live births. The rate then declined to 9.0 infant deaths per 1,000 live births in 2006.

**Objectives:**

Objectives for 2006-2011 were set by adding the objectives for National Outcome Measures #3 (neonatal mortality) and #4 (postneonatal mortality). These objectives would gradually bring the rate to 8.5 infant deaths per 1,000 live births in 2011, which would be lower than any rate on record for the State.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	1.9	1.9	1.9
Annual Indicator	2.0	2.0	2.1	1.8	
Numerator	13.3	14.4	14.3	14.6	
Denominator	6.7	7.2	6.7	8	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.9	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 vital statistics files are not yet available for Alabama. Our experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The data sources are Alabama residential live birth files (denominator files) and Alabama residential death files (numerator files). For the denominator files, race is reported according to race of the mother. For the numerator files, race is reported according to race of the decedent. All estimates are for calendar years.

**Trends:**

Among Alabama residential live births, after ranging from 2.0 to 2.1 from 2004-2006, the ratio of the Black infant mortality rate to the White infant mortality rate declined to 1.8. In Alabama the infant mortality rates for Black infants and for White infants were higher in 2007 than in any of the other years shown. The decline in the State's racial infant mortality gap in 2007 was due to notably higher mortality among White infants in that year compared to earlier years.

**Objectives:**

Objectives for 2012 and 2013 have been set to match the objective for 2011. We are aware that the rate ratio for 2007, which is 1.8, is lower than the targets shown. However, historical trends in the State suggest that rate ratios of 1.8 or lower may not consistently occur in the near future. Further, underlying rates should be considered when interpreting rate ratios. Therefore, future objectives for this rate ratio remain at 1.9. Objectives for 2010-2013 will be reconsidered by December 2009, when a final 3-year baseline for 2006-08 should be available.

**3. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

**Data Issues:**

See year 2007 note.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	5.5	5.4	5.4
Annual Indicator	5.2	5.7	5.8	6.3	
Numerator	305	342	366	407	
Denominator	59,170	60,262	62,915	64,180	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	5.8	5.7	5.7	5.6	5.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The data sources are Alabama residential live birth files (denominator files) and Alabama residential death files (numerator files). For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent. All estimates are for calendar years.

**Trends:**

As shown on Form 12, the neonatal mortality rate increased notably in 2005, increased slightly in 2006, and then again increased notably, to 6.3 deaths per 1,000 live births in 2007.

Comparing 3-year rates (for 2000-02 and 2005-07) over a longer term, the neonatal mortality rate increased from 5.9 deaths per 1,000 live births (1,069/182,328) in 2000-02 to 6.0 deaths per 1,000 live births (1,115/187,357) in 2005-07: for an overall increase of 1.5%. The lowest 3-year neonatal mortality rate during the surveillance period was 5.4 deaths per 1,000 live births in 2002-04 and 2003-05.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% from the unrounded 2005-07 rate of 6.0 deaths per 1,000 live births: considering that rate as a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. Given the recent increase in the neonatal mortality rate, the objectives are challenging.

**3. Section Number:** Form12\_Outcome Measure 3

**Field Name:** OM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

**Data Issues:**

See year 2007 note.

**Objectives:**

The objective for 2006 is retained from earlier years. For setting later objectives, the 3-year rate for 2004-06 (5.55534 neonatal deaths per 1,000 live births) was used as the baseline for 2005. The 3-year baseline, surrounding 2005, was chosen to minimize the effect of annual fluctuations in this indicator. From this baseline for 2005, objectives for 2007 onward require a decline of 1.0% per year. Though this rate of decline results in identical objectives for up to 2 years in a row (because of rounding to 1 decimal), it would bring the rate to 5.2 neonatal deaths per 1,000 live births in 2011, matching the lowest single-year rate on record for the State.



**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	3.3	3.2	3.6	3.4	3.4
<b>Annual Indicator</b>	3.6	3.6	3.2	3.6	
<b>Numerator</b>	211	219	203	234	
<b>Denominator</b>	59,170	60,262	62,915	64,180	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	3.4	3.4	3.3	3.3	3.3
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The data sources are Alabama residential live birth files (denominator files) and Alabama residential death files (numerator files). For the denominator files, residence is reported according to that of the mother. For the numerator files, residence is reported according to that of the decedent. All estimates are for calendar years.

**Trends:**

As shown on Form 12, the postneonatal mortality rate declined notably in 2006 and then returned to the year 2004 and 2005 level in 2007: when there were 3.6 postneonatal deaths per 1,000 live births.

Reviewing 3-year periods over a longer term, the postneonatal mortality rate ranged from 3.4 deaths per 1,000 live births in 2001-03 and 2002-04 to 3.6 deaths per 1,000 live births in 2003-05. The median 3-year rate over this time period, 3.5 deaths per 1,000 live births, occurred at the beginning and end of the surveillance period (2000-02, 2004-06, and 2005-07).

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% from the unrounded 2005-07 rate of 3.5 deaths per 1,000 live births (656/187,357): considering that rate as a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. Given the recent increase in the postneonatal mortality rate, the objectives are challenging, especially considering that the single-year rate for 2006 was the lowest single-year rate during the surveillance period (2000-2007). Because the Title V Information System shows decimals to only 1 number, targets from 2009 forward remain the same for 2 or 3 years in a row.

**3. Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

**Data Issues:**

See year 2007 note.

**Objectives:**

The objective for 2006 is retained from earlier years. For setting later objectives, the 3-year rate for 2004-06 (3.4714) postneonatal deaths per 1,000 live births) was used as the baseline for 2005. The 3-year baseline, surrounding 2005, was chosen to minimize the effect of annual fluctuations in this indicator. From this baseline for 2005, objectives for 2007 onward require a decline of 1.0% per year. Though this rate of decline results in identical objectives for up to 3 years in a row (because of rounding to 1 decimal), it would bring the rate to 3.3 postneonatal deaths per 1,000 live births in 2011.

We are aware that objectives for 2007-2011 are higher (worse) than the rate for 2006. However, because this rate tends to fluctuate, a single-year baseline may lead to inappropriate objectives, and all objectives for 2007 onward are lower (better) than the rates for 2003, 2004, and 2005.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	13.4	8	8.8	8.2	8.1
<b>Annual Indicator</b>	8.5	8.8	8.4	8.6	
<b>Numerator</b>	505	535	535	556	
<b>Denominator</b>	59,719	60,805	63,486	64,765	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	8.3	8.3	8.2	8.1	8
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

The data sources are Alabama residential live birth files (per mother's residence), residential death files (per decedent's residence), and residential fetal death files (per mother's residence). The numerator is the number of infant deaths occurring at less than 7 days of age plus the number of fetal deaths delivered at 28 weeks gestation or later, per calculated weeks gestation. The denominator is the number of live births plus the total number of reported fetal deaths. Nearly all of the denominator fetal deaths (96.3% from 2000-2007) were delivered at 20 weeks calculated gestation or later, because Alabama does not require reporting of fetal deaths occurring prior to 20 weeks gestation.

Per updated analyses, the final estimated perinatal mortality rates for 2004 and 2005 are as follows: 8.4 deaths per 1,000 live births plus fetal deaths (504/59,719) in 2004, and 8.8 deaths per 1,000 live births plus fetal deaths (534/60,805) in 2005. The Title V Information System does not permit us to directly correct Form 12 estimates for those years.

**Trends:**

As shown on Form 12, the perinatal mortality rate increased notably in 2005, declined in 2006, and then again increased, to 8.6 perinatal deaths per 1,000 live births plus fetal deaths in 2007.

Comparing 3-year rates (for 2000-02 and 2005-07) over a longer term, the perinatal mortality rate declined from 8.9 deaths per 1,000 live births plus fetal deaths (1,635/184,059) in 2000-02 to 8.6 deaths per 1,000 live births plus fetal deaths (1,625/189,056) in 2005-07: for an overall decline of 3.2%, or an average annual decline (assuming a constant rate of change) of 0.7%. The lowest 3-year perinatal mortality rate during the surveillance period was 8.4 deaths per 1,000 live births plus fetal deaths in 2002-04 and 2003-05. The highest 3-year rate (8.9 per 1,000) during this period occurred in 2000-2002, the baseline period.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 1.0% from the unrounded 2005-07 rate of 8.6 perinatal deaths per 1,000 live births plus fetal deaths: considering that rate as a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. The objectives are challenging relative to the average annual rate of decline (0.7% per year, as cited above) between 2000-02 and 2005-07.

**3. Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

**Data Issues:**

See year 2007 note.

**Objectives:**

The objective for 2006 is retained from earlier years. For setting later objectives, the 3-year rate for 2003-05 (8.4029 perinatal deaths per 1,000 live births plus fetal deaths 28 or more weeks in gestation) was used as the baseline for 2004. The 3-year baseline, surrounding 2004, was chosen to minimize the effect of annual fluctuations in this

indicator and to set objectives based on actual experience, rather than the roughly projected rate for 2006. From this baseline for 2004, objectives for 2007 onward require a decline of 1.0% per year.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	31.2	30.5	24	23.8	23.5
<b>Annual Indicator</b>	26.8	24.3	25.8	22.8	
<b>Numerator</b>	234	213	222	197	
<b>Denominator</b>	874,325	874,809	860,397	862,963	

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	24.1	24	23.9	23.8	23.7
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

The U.S. Census Bureau's population estimates for persons 1-14 years of age are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the 2004 and 2005 rates shown on Form 12 for this indicator are based on the population projections for those years, because the Web-based Title V Information System does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Current best estimates, reported as the number of deaths among 1-14 year-old Alabama residents per 100,000 persons in this age group, are: for 2004, 27.3 (234/858,559); and for 2005, 24.9 (213/856,232).

**Trends:**

Among 1-14 year-old Alabama residents, comparing rates for 3-year periods (2000-02 and 2005-07), the death rate per 100,000 persons declined by 14.2% overall: from 28.6 deaths per 100,000 (742/2,598,708) in 2000-02 to 24.5 deaths per 100,000 (632/2,579,592) in 2005-07. From the baseline period of 2000-02, the death rate among 1-14 year-old residents declined in each overlapping 3-year period (2001-03, 2002-04, etc.), to reach 24.5 deaths per 100,000 in 2005-07. Comparing 2005-07 to 2000-02 and assuming a constant percent change, the death rate in this age group declined by an average of 3.0% per year.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 0.5%: from the unrounded 2005-07 rate of 24.5 deaths per 100,000 1-14 year-old residents, which is considered a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. We are aware that this rate of decline is much slower than the 3.0% annual decline described above, but that high rate of decline is unlikely to continue. As well, we are aware that the objectives for 2009 forward are higher (worse) than the observed status of this indicator in 2007. However, the observed rate of 22.8 deaths per 100,000 in 2007 was unusually low, and this rate can be expected to fluctuate from year to year.

**3. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

**Data Issues:**

See year 2007 note.

**STATE OUTCOME MEASURE # 1**

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	52.2	39	44.4	48	47.5
<b>Annual Indicator</b>	39.0	49.8	58.1	70.5	
<b>Numerator</b>	20	26	31	38	
<b>Denominator</b>	51,319	52,216	53,311	53,909	
<b>Data Source</b>					
<b>Is the Data Provisional or Final?</b>	Final				

  

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	58.7	58.4	58.2	57.9	57.6
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive, manage, and edit vital statistics data, final year 2008 vital statistics files are not yet available for Alabama. Experience has shown that the incomplete, provisional files available at this time sometimes provide misleading results. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the year 2008 estimate in September 2009. Otherwise, the estimate will be provided by July 2010.

**2. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

All estimates shown are for calendar years.

The U.S. Census Bureau's population estimates for 15-19 year-old Black males are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the 2004 and 2005 rates shown on Form 12 for this indicator are based on the population projections for those years, because the Web-based Title V Information System does not allow us to directly change estimates for 2005 and earlier years. As a corollary, the estimates shown for 2004 and 2005 are no longer our best estimates for those years. Current best estimates, reported as the number of deaths due to homicide or legal intervention among 15-19 year-old Alabama residential Black males per 100,000 persons in this population, are: for 2004, 39.2 (20/51,030); and for 2005, 49.9 (26/52,099).

**Trends:**

The surveillance period was from 2000-02 through 2005-07, using 6 overlapping rates for 3-year periods (2000-02, 2001-03, etc.). Among 15-19 year-old Black males living in Alabama, the homicide/legal intervention death rate per 100,000 persons increased by 35.5% overall: from 44.0 deaths per 100,000 (68/154,477) in 2000-02 to 59.6 deaths per 100,000 (95/159,319) in 2005-07. During the surveillance period, the 2000-02 rate was the lowest and the 2005-07 rate the highest. From the baseline rate for 2000-02, the rate increased in 4 of the 5 subsequent 3-year periods.

**Objectives:**

Objectives from 2009 forward require an average annual decline of 0.5%: from the unrounded 2005-07 homicide/legal intervention death rate of 59.6 deaths per 100,000, which is considered a baseline for the year 2006. The 3-year baseline was selected in order to minimize the effect of yearly fluctuations in the rate. Given the increase in the homicide/legal intervention death rate among Alabama 15-19 year-old Black males during the surveillance period, objectives for 2009 onward may be challenging, even though 3 of them exceed (are worse than) any of the single-year rates for 2000-2006. (From 2000-2006, single-year rates for State Outcome Measure #1 ranged from 39.2 deaths per 100,000 in 2004 to 58.1 deaths per 100,000 in 2006.) If the single-year homicide/legal intervention death rate in this population stabilizes at pre-2007 levels for 2 years, objectives will be revised.

**3. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2006**Field Note:****Data Issues:**

See year 2007 note.

**Objectives:**

The objective for 2006 is retained from earlier years. For setting later objectives, the provisional 3-year rate for 2004-06 (48.93985 deaths per 100,000) was used as the baseline for 2005. The 3-year baseline, surrounding 2005, was chosen to minimize the effect of annual fluctuations in this indicator. From this baseline for 2005, objectives for 2007 onward require a decline of 1.0% per year.

**STATE OUTCOME MEASURE # 2**

The ratio of the infant mortality rate for Alabama to the infant mortality rate for the United States (U.S.).

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective				1.3	1.3
Annual Indicator	1.3	1.4			
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

  

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	1.3	1.3	1.3		
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_State Outcome Measure 2**Field Name:** SO2**Row Name:****Column Name:****Year:** 2008**Field Note:****Data Issues:**

For methods underlying the 2004 and 2005 estimates, see the year 2006 Form 12 note for this indicator.

Due to competing reporting priorities, the status of this indicator has not been updated beyond 2005. By early fiscal year 2010, its status will be updated through 2006 or 2007, depending on the most recent year for which the final U.S. infant mortality rate is available. Objectives will be updated as well, using an updated baseline.

**2. Section Number:** Form12\_State Outcome Measure 2**Field Name:** SO2**Row Name:****Column Name:****Year:** 2006**Field Note:****Data Issues:**

The data sources for Alabama's infant mortality rates are the final statistical death files and final statistical live birth files, which typically become available by around September of the year following the year of death. Therefore, the most recent available estimate that constitutes a suitable numerator for State Outcome Measure #2 is for the year 2005. The infant mortality rates are reported per 1,000 live births. Estimates are for calendar years.

Sources for U.S. infant mortality rates, also reported per 1,000 live births, are from the National Center for Health Statistics' National Vital Statistics Reports. Published final infant mortality numbers for the U.S. typically become available later than the final statistical death files for Alabama do. For example, as of January 2007, final U.S. infant mortality rates were available for 2003 and 2004, but only the provisional U.S. infant death rate, which may notably differ from the final infant mortality rate, was published for the U.S. for 2005. For this reason, we use the U.S. infant mortality rate for 2004 as our best estimate of the denominator for 2005.

The rate ratios have some rounding error, since numerators and denominators are carried to 1 or 2 decimals.

Because State Outcome Measure #2 does not become effective until July 2007, no objectives are listed for earlier years. As shown on Form 12 for National Outcome Measure #1, Alabama's infant mortality rate notably worsened in 2005, which caused the Alabama versus U.S. rate ratio to worsen. The Title V Information System carries objectives for this indicator to only 1 decimal, which masks the slow, gradual improvement that FHS's actual objectives call for: rate ratios of 1.30 in 2007, 1.29 in 2008 and 2009, and 1.28 in 2010 and 2011. The objective for 2007 is just below the mean of the rate ratios for 2002, 2003, 2004, and 2005 (which is 1.31)—which would represent a marked improvement over the 2005 rate ratio of 1.37. Objectives may be revised in fiscal year 2009, contingent on the status of this rate ratio in 2006 and 2007.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: AL**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 15

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

The State Parent Consultant and Local Parent Consultants provided input on the proposed 2010 CRS State Plan and current and future activities. They also rated the agency on Form 13 characteristics, using a checklist format modified from a tool developed by the State of Wisconsin in December 2001. The compiled findings are attached to the "Current Activities" section of NPM #02. Please see this checklist as well as the narrative for NPM #02 for more details about family/professional partnerships and family involvement in the State CSHCN Program.

**FIELD LEVEL NOTES**

None



**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: AL FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve health status of children and youth with special health care needs (CYSHCN) through increased access to comprehensive, quality primary and specialty care, and allied health and other related services.
2. Assure appropriate primary care, including prenatal care, for all Title V populations--including low income, immigrant, and minority groups.
3. Promote evidence-based health education and outreach regarding high priority topics.
4. Further reduce the adolescent pregnancy rate.
5. Reduce the prevalence of violent behavior, including homicide and suicide, committed by or against children, youth, and women.
6. Reduce the prevalence of high-risk behaviors, including those predisposing to obesity, in adolescents.
7. Reduce infant mortality, especially among African Americans.
8. Improve the capacity of CYSHCN to be fully integrated into their communities to live, learn, work, and play.
9. Strengthen systems of family and youth support to enable CYSHCN and their families to participate more fully in program and policy development, to identify resources, and to benefit from the services they receive.
10. Further develop the Title V Program's capacity to collect and analyze health-related data and translate findings into information for key stakeholders.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: AL

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	A national, hands-on workshop on best practices for analyzing and reporting qualitative data	Qualitative data will be collected during the upcoming FY 2009-10 needs assessment and its follow-up activities.	No suggestion
2.	<b>Other</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	General training and assistance in assessing and improving cultural competence at all levels of the CRS program	CRS would like to raise staff awareness of all aspects of cultural competence and would like assistance in assessing and improving in this area.	National Center for Cultural Competence
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>            </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>            </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>            </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>            </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>            </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>            </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>            </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: AL**

SP # 1

**PERFORMANCE MEASURE:**

Of 0-9 year-old children enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received care coordination in the reporting year.

**STATUS:**

Active

**GOAL**

To increase the proportion of EPSDT-enrolled children who receive care coordination services through the Alabama Department of Public Health.

**DEFINITION**

See respective descriptions of performance measure, numerator, and denominator.

**Numerator:**

Number of EPSDT-enrolled children aged 0-9 years who received care coordination services from the Alabama Department of Public Health during the fiscal year.

**Denominator:**

Total number of EPSDT-enrolled children aged 0-9 years in the fiscal year, per the pertinent Alabama Title XIX report.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

No corresponding objective.

**DATA SOURCES AND DATA ISSUES**

Reports provided by the Alabama Department of Public Health and the Alabama Medicaid Agency.

**SIGNIFICANCE**

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations—including low income, immigrant, and minority groups." EPSDT-enrolled children and their families may require assistance with accessing health and dental services. Public health social workers and nurses certified in care coordination are uniquely qualified to help children and families access services. These health professionals' provision of care coordination helps ensure that EPSDT-enrolled children are able to acquire and fully benefit from the health and dental services available to them under the Alabama Medicaid Agency's primary care case management program, Patient 1st.

SP # 2

**PERFORMANCE MEASURE:**

Of children and youth enrolled in Alabama Medicaid's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, the percentage who received any dental service in the reporting year.

**STATUS:**

Active

**GOAL**

To increase the proportion of Alabama EPSDT-eligible children and youth who receive any dental service in a 1-year period.

**DEFINITION**

See respective descriptions of performance measure, numerator, and denominator.

**Numerator:**

Number of EPSDT-enrolled individuals aged 0-20 years who received any dental service in the fiscal year, per the pertinent Alabama Title XIX report.

**Denominator:**

Total number of EPSDT-enrolled individuals aged 0-20 years in the fiscal year, per the pertinent Alabama Title XIX report.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

21-10: Increase the proportion of children and adults who use the oral health care system.

The 2010 baseline for U.S. children, adolescents, and young adults aged 2-19 years whose household income is under 200% of the federal poverty level is 20%. The national target is 56%.

**DATA SOURCES AND DATA ISSUES**

Data source is the "Alabama Title XIX Annual EPSDT Participation Report."

**SIGNIFICANCE**

This performance measure pertains to the priority maternal and child health need to "assure appropriate primary care, including prenatal care, for all Title V populations--including low income, immigrant, and minority groups." Oral health care is an important, but often neglected, component of total health care. Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment of oral disease and conditions. Experts recommend that children as young as age 1 year be examined for evidence of early childhood caries. Further, parents should be advised to avoid feeding practices that may lead to early development of caries, and should be counseled about appropriate use of fluoride and other preventive measures. Necessary tooth restorative care must be provided to avoid pain, abscesses, and the need for tooth extractions. Sealants should be placed shortly after the permanent molars erupt. The percentage of Alabama Medicaid-enrolled children who received dental care in the reporting year increased from 25.6% in fiscal year 2000 to 34.9% in fiscal year 2003. Nevertheless, in light of the Healthy People 2010 objective of 56%, continued efforts are warranted to increase the number of dental providers who serve Medicaid-enrolled children and the proportion of Medicaid-enrolled children who receive dental care at least annually.

SP # 3

**PERFORMANCE MEASURE:**

The pregnancy rate (per 1,000) for adolescents aged 15-17 years.

**STATUS:**

Active

**GOAL**

To lower the pregnancy rate among adolescents, especially those 17 years of age and younger.

**DEFINITION**

See respective descriptions of performance measure, numerator, and denominator.

**Numerator:**

Number of reported pregnancies—including live births, fetal deaths, and abortions—among females aged 15 through 17 years in the calendar year.

**Denominator:**

Number of females aged 15 through 17 years in the calendar year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

9-7: Reduce pregnancies among adolescent females.

The target specified in Healthy People 2010 is "43 pregnancies per 1,000." Healthy People specifies several subgroup-specific targets, including targets for African American, white, Hispanic, and other groups.

**DATA SOURCES AND DATA ISSUES**

Data sources for the numerator are Alabama vital statistics files for, respectively, live births, fetal deaths, and abortions. Data sources for the denominator are U.S. census data and population estimates provided by the University of Alabama's Center for Business and Economic Research.

**SIGNIFICANCE**

This performance measure pertains to the priority maternal and child health need to "further reduce the adolescent pregnancy rate." Adolescent pregnancy is of great concern in Alabama, as well as in the nation. Various socioeconomic disadvantages and suboptimal health outcomes, including infant mortality, have been linked with adolescent pregnancy. Though these links are not necessarily causal, some factors that predispose an adolescent to become pregnant may also place her infant at higher risk of death. Prevention of adolescent pregnancy is generally desirable, therefore, to allow the adolescent additional time to mature and avail herself of social and economic opportunities before assuming the responsibilities of motherhood. Moreover, even though links between adolescent pregnancy and adverse pregnancy outcomes should not be assumed to be causal, having an adolescent mother is an important indicator of infants who may be at greater risk of morbidity and mortality. Pregnancy among adolescents aged 17 years and younger is of particular concern. Though pregnancies in persons under 15 years of age are of tremendous concern, pregnancy rates are not stable in this group due to small numbers in the statistical sense. Therefore, this performance measure focuses on teens from 15 through 17 years of age, as does the corresponding Healthy People 2010 objective.



SP # 4

**PERFORMANCE MEASURE:**

The percentage of white male high school students who chewed tobacco or snuff on 1 or more of the 30 days preceding their participation in the Youth Risk Behavior Survey (YRBS).

**STATUS:**

Active

**GOAL**

To reduce the prevalence of consumption of smokeless tobacco by white male adolescents.

**DEFINITION**

This measure will consist of the percentage reported from the Center for Disease Control and Prevention's (CDC's) annually conducted YRBS. The specific indicator, as reported on the YRBS website, is "Percentage of Students Who Used Chewing Tobacco or Snuff on One or More of the Past 30 Days." Though the website does not provide numerators and denominators, it does report 95% confidence intervals.

**Numerator:**

Not readily available.

**Denominator:**

Not readily available.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

27-2-c: Reduce the use of spit tobacco by adolescents (past month).  
The 2010 target for white males is 18%.

**DATA SOURCES AND DATA ISSUES**

The data source is the YRBS database, which can be queried on CDC's YRBS website: <http://apps.nccd.cdc.gov/YRBSS/>. This website can be queried for individual YRBS indicators. As well, queries can request stratification by race, sex, or race and sex concurrently. (Other types of stratification can also be requested.)

**SIGNIFICANCE**

This measure pertains to the State's priority maternal and child health need to "reduce the prevalence of high risk behaviors, including those predisposing to obesity, in adolescents." Tobacco use causes many serious health problems, and chewing tobacco and snuff are NOT safe alternatives to cigarettes or other forms of tobacco. Use of spit tobacco (including chewing tobacco and snuff) causes serious oral health problems, including cancer of the mouth and gum, periodontitis, and tooth loss (Healthy People 2010, citing 2 primary sources). According to the 2003 YRBS, 27.3% of Alabama white male high school students had used chewing tobacco or snuff in the 30 days preceding the survey. In addition to being higher than for any other Alabama subgroup defined by race and sex, this prevalence of having used smokeless tobacco was significantly higher than the corresponding prevalence for U.S. white males, of 13.2%.

SP # 5

**PERFORMANCE MEASURE:**

The degree to which the State CSHCN Program assures that all CYSHCN have adequate access to primary and specialty care and allied health and other related services.

**STATUS:**

Active

**GOAL**

To assure access to comprehensive primary/specialty care and allied health and other related services for Alabama's children and youth with special health care needs (CYSHCN).

**DEFINITION**

A checklist measures 5 characteristics that document a system to assure that the State's CYSHCN have access to primary/specialty care and allied health and other related services that are quality, comprehensive, family-centered, and culturally competent. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. See Section IV. D. SPM #05, "Last Year's Accomplishments" to view the scored checklist used for this measure.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 15 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

No corresponding objective.

**DATA SOURCES AND DATA ISSUES**

The State Children with Special Health Care Needs (CSHCN) Program.

**SIGNIFICANCE**

Providing CYSHCN with appropriate, high quality care that is comprehensive, family-centered, and culturally competent is crucial to the success of the child or youth across all aspects of life. One recurrent theme across family forums conducted for the Title V needs assessment related to family concerns of inadequate access to providers and a general feeling that providers did not understand the comprehensive medical, social, and developmental transition needs of their children. In addition, inadequate number and distribution of specialty and allied or other related health services ranked as 1 of the top 5 barriers to care statewide in analysis of a county-level survey of service providers. The State CSHCN program is uniquely qualified to increase awareness and provide education to providers related to the comprehensive needs of this population in training that includes the principles of family-centered care, cultural competence, and transition.

SP # 6

**PERFORMANCE MEASURE:**

The degree to which the State CSHCN Program collaborates with schools, advocacy groups, and families to enhance inclusive participation by CYSHCN in their schools and communities.

**STATUS:**

Active

**GOAL**

To increase collaboration with schools, advocacy groups, and families to promote participation of Alabama's children and youth with special health care needs (CYSHCN) in their schools and communities.

**DEFINITION**

A checklist measures 5 characteristics that document a system to assure that the State Children with Special Health Care Needs (CSHCN) Program collaborates with schools, advocacy groups, and families to promote participation of Alabama's CYSHCN in their schools and communities. Boxes are checked to indicate the most accurate description of the degree to which the system has been developed and implemented. See Section IV. D. SPM #06, "Last Year's Accomplishments" to view the scored checklist used for this measure.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 15 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

No corresponding objective.

**DATA SOURCES AND DATA ISSUES**

The State CSHCN Program.

**SIGNIFICANCE**

A recurrent theme across family forums conducted for the current and previous Title V needs assessment related to family dissatisfaction with the educational system. Families of CYSHCN have experienced difficulty in advocating for the inclusion of appropriate adaptive and health-related services in the school environment to support the educational, vocational, recreational, and independent living goals for their children. In addition, families report a lack of understanding of educational rights and a general feeling that school staff and service providers did not understand the complex medical, social, developmental, and transition needs of their children. Title V CSHCN programs historically have experience working with a broad spectrum of public and private service providers and multiple funding streams to facilitate services for children, youth, and families and are, therefore, uniquely qualified to offer technical assistance, coordination, advocacy, and support to this population within the educational environment.

SP # 7

**PERFORMANCE MEASURE:**

The degree to which the Bureau of Family Health Services (Bureau) collects, analyzes, and disseminates findings from data pertinent to ongoing maternal and child health (MCH) needs assessment.

**STATUS:**

Active

**GOAL**

To conduct ongoing MCH needs assessment, and disseminate salient findings to stakeholders in a user-friendly manner.

**DEFINITION**

This measure is scored on a scale of 0-18, using a checklist attached to the discussion of "Last Year's Accomplishments" for this measure, located in Section IV.D. The checklist includes items pertaining to: 1) infant mortality review; 2) child death review; 3) analysis of the circa 2003 National Survey of Children's Health database; 4) biannual production of a strongly data-based report focusing on a particular MCH issue; 5) production of a reader-friendly statewide needs assessment report focusing on pregnancy and infancy; and 6) production of a reader-friendly statewide needs assessment report focusing on children and youth.

**Numerator:**

Not applicable.

**Denominator:**

Not applicable.

**Units:** 18 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

No precisely corresponding objective.

**DATA SOURCES AND DATA ISSUES**

Checklist developed by the Bureau, which includes each criterion mentioned in the definition. Each criterion is scored as to whether it was not met (0), was partly met (1), was mostly met (2), or was completely met (3) in the reporting year. The total score for the indicator is the sum of the scores for the 6 items.

**SIGNIFICANCE**

This performance measure pertains to the State's priority MCH need to "further develop the Title V Program's capacity to collect and analyze health-related data and translate findings into information for key stakeholders." The 3 core functions of public health are assessment, policy development, and assurance. These functions have been expanded into 10 essential public health services (reference: Healthy People 2010, which cites primary sources). Two of the essential public health services are especially pertinent to this performance measure: to 1) monitor health status to identify community health problems; and 2) inform, educate, and empower people about health issues. Accomplishment of the 2 preceding essential functions is necessary for the performance of 2 other essential functions: to 1) mobilize community partnerships to identify and solve health problems, and 2) develop policies and plans that support individual and community efforts. In the case of this performance measure, the targeted communities are the State and its 5 perinatal regions.

SO # 1

**OUTCOME MEASURE:**

The homicide/legal intervention death rate for 15-19 year-old African American males per 100,000 African American males aged 15-19 years

**STATUS:**

Active

**GOAL**

To reduce the homicide/legal intervention death rate for African American males 15 to 19 years of age.

**DEFINITION**

**Numerator:**

The number of 15 to 19 year old African American male deaths due to homicide or legal intervention

**Denominator:**

The number of African American males 15-19 years of age

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Data source for the numerator is the Alabama Center for Health Statistic's mortality database. Data source for the denominator is the Alabama State Data Center's (Center for Business and Economic Research , University of Alabama) annual population projections, as reported in ADPH's annual Vital Events publication.

**SIGNIFICANCE**

Homicide and legal intervention are collectively the leading cause of death among African American males aged 15 to 19 years. Consequently, a wide racial gap exists with respect to deaths due to homicide and legal intervention in this age group. Although the homicide/legal intervention death rate among African American males in this age group has been declining, further decline is needed.

SO # 2

**OUTCOME MEASURE:**

The ratio of the infant mortality rate for Alabama to the infant mortality rate for the United States (U.S.).

**STATUS:**

Active

**GOAL**

To reduce the disparity between the infant mortality rates for Alabama and the U.S. by reducing the infant mortality rate for Alabama residents of all races.

**DEFINITION**

The infant mortality rate for Alabama divided by the infant mortality rate for the U.S.

**Numerator:**

Numerator: The infant mortality rate for Alabama, per 1,000 live births.

**Denominator:**

Denominator: When available, the infant mortality rate for the U.S., per 1,000 live births. See "Data Sources and Data Issues" for fuller explanation.

**Units:** 1 **Text:** Ratio

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1: Reduce fetal and infant deaths.

**DATA SOURCES AND DATA ISSUES**

The data sources for Alabama's infant mortality rates are the final statistical death files and final statistical live birth files, which typically become available around August of the year following the year of death. For Alabama's infant mortality rate for a given year, the numerator counts Alabama residents who died in that year before reaching their first birthday, and the denominator counts live births to Alabama residents in that same year. Sources for U.S. infant mortality rates are publications by the National Center for Health Statistics (NCHS). Published final infant mortality numbers for the U.S. typically become available later than the final statistical death files for Alabama do. Further, per the source for the U.S. 2005 provisional infant death rate, numbers are based on events occurring in the U.S., regardless of place of residence, implying that non-resident decedents could be counted. The NCHS National Vital Statistics Reports series is used for U.S. rates.

**SIGNIFICANCE**

Infant mortality is 1 indicator of a society's well-being. Since the 1940s, the earliest decade for which readily available publications track the disparity, Alabama's infant mortality rate has been notably higher than that for the U.S. In 2004, for example, the infant mortality rate for Alabama was 8.72 deaths per 1,000 live births, while that for the U.S. was 6.79 deaths per 1,000 live births. Geographic comparison (Alabama versus U.S.) of racial distribution of live births, socioeconomic factors, the prevalence of very low birth weight, and race-specific infant, neonatal, and postneonatal mortality rates contributes to better understanding of the infant mortality gap between Alabama and the U.S. These factors are discussed in a background paper for State Performance Measure #2, which is attached to Section II.C of this application/report.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: AL**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	93.2	83.7	79.9	92.9	
<b>Numerator</b>	2,833	2,562	2,437	2,865	
<b>Denominator</b>	304,098	306,124	305,126	308,234	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

The Alabama Medicaid Agency (Medicaid) and Blue Cross and Blue Shield of Alabama (BCBS) typically provide an estimated number of hospital discharges for asthma among 0-4 year-old children enrolled in their respective plans. However, due to changes in their data systems, as of late March 2009, each organization was experiencing data systems issues that prevented them from providing assuredly credible estimates of asthma hospitalizations in 2008. Therefore, we are not providing a year 2008 estimate for this indicator.

The State does not have a statewide hospital discharge database and is unlikely to have one in the foreseeable future. Because the Alabama Department of Public Health does not manage or have access to a representative database of hospital discharges or claims for hospitalizations, we cannot say with certainty when an updated, credible estimate of hospitalizations for asthma can be provided. However, Medicaid and BCBS are seeking to resolve the data issues affecting the identification of hospitalizations for asthma. We will periodically contact each organization to learn whether they have resolved these issues. If the issues are not resolved by April 2010, we may find it necessary to use the asthma hospitalization rate for 0-4 year-old children living in another state that is demographically similar to Alabama as our best estimate for this indicator.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Issues:

All estimates are for calendar years.

For reasons discussed in this indicator's year 2006 field note, the numerator was obtained by summing numbers provided by BCBS and by Medicaid. The numerator therefore represents the number of hospital discharges of 0-4 year-old children in calendar year 2007, where the child was enrolled in either BCBS or Medicaid.

Population-based denominators have been used because, for 2002, 2003, and 2004 respectively, the total reported number of BCBS and Medicaid enrollees in this age group exceeded the projected population for this age group. The apparent over-estimate of total enrollees, along with failure to capture hospitalizations among children who are enrolled in other plans or have no insurance, would markedly underestimate the rate. Population-based denominators are reasonably consistent, and most children in the State are presumably insured by BCBS or Medicaid. Nevertheless, we recognize that the reported estimates are probably somewhat lower than the actual hospitalization rates, since hospitalizations of children who are uninsured or enrolled in other plans are not counted.

Population estimates derived from a U.S. Census Bureau spreadsheet are shown as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 11 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the asthma hospitalization rates among Alabama residents aged 0-4 years were 94.1 per 10,000 (2,833/301,112) in 2004 and 84.5 per 10,000 (2,562/303,289) in 2005.

Medicaid has continued consulting with providers of care for children with asthma about appropriate quality-of-care indicators for asthma, for incorporation into the electronic health information system referenced in the 2006 field note.

Trends:

The roughly estimated asthma hospitalization rate for 0-4 year-old Alabama residents increased very slightly (by 1.5% overall): from 84.5 per 10,000 (7,589/898,265) in 2002-04 to 85.8 per 10,000 (7,864/916,649) in 2005-07. Review of individual years shows no consistent trend over the surveillance period (2002-2007): when the rate ranged from 67.7 per 10,000 (2,020/298,441) in 2002 to 92.9 per 10,000 in 2007. Because we do not manage the databases from which numerators for this rate are derived, we cannot ascertain whether reporting artifacts may contribute to variation in this roughly estimated indicator.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Alabama still does not have a representative, centralized hospital discharge database. However, the Bureau of Family Health Services (FHS) believes that most Alabama



children and youth obtain health insurance through BCBS or Medicaid. Further, according to Medicaid, BCBS insures about 80% of the State's insured non-Medicare population and has 68% of all Medicaid third-party liability policies; except for a small percentage, Medicaid insures the remaining Alabama population (reference: "Together for Quality," a proposal submitted by Medicaid to the U.S. Department of Health and Human Services in October 2006). Accordingly, numbers obtained from Medicaid and BCBS provide the numerators for our respective estimates of this indicator.

With funds granted to implement the previously referenced "Together for Quality" proposal, in fiscal year 2007 Medicaid initiated a project to create a statewide electronic health information system that links Medicaid, State health agencies, providers, and private payers. FHS is seeking to determine if the system could be designed to allow generation of a database for surveillance of key indicators of morbidity, including asthma, in Title V populations. Medicaid's initial response to this idea, as a long-term goal, has been positive. Further, Medicaid is consulting with experts in asthma for input on appropriate quality-of-care indicators for asthma, for incorporation into the electronic health information system.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	124.9	128.7	93.4	96.1	96.1
Numerator	45,771	48,965	140,863	148,966	148,966
Denominator	36,660	38,033	150,811	155,006	155,006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

Estimates are for fiscal years (FYs).

Numbers shown for 2004 and 2005 are based on a previously used but flawed method. Though the references for the previous method were Alabama Medicaid Agency (Medicaid) EPSDT participation reports, the line items (numerator and denominator) used from these reports yielded percentages over 100%, because of changes in eligibility during the reporting year. We have found a better way to make estimates for years through 2007 (see below), but the Title V Information System does not allow us to directly change numbers for 2004 and 2005.

Per consultation with Medicaid staff, a better method of estimating this indicator for years through 2007 was identified. The source for those years continues to be Medicaid's EPSDT participation report for Alabama, now entitled "Form CMS-416: Annual EPSDT Participation Report" (the "416 Report"). However, the numerator is now the "Total Screens Received" (item 6 of the report), and the denominator is "Expected Number of Screenings" (item 5). Further, the percent yielded by the new method corresponds to the "Screening Ratio" (item 7) shown on Medicaid EPSDT participation reports. For example, in FY 2007 the screening ratio for Medicaid enrollees under 1 year of age was 0.961, which corresponds to the estimate of 96.1% that is shown above for 2007.

However, beginning with the report for 2008, Medicaid changed their interpretations of the provisions of the CMS-416 specifications. Specifically, in previous years Medicaid had counted screenings based on the age of the recipient on the date of service. However, when implementing a new data system in February 2008, Medicaid changed the methodology for counting screenings to the age that the recipient would be on September 30 (the last day) of the reporting year—regardless of the age on the date of service. Due to this change, in the 416 Report for FY 2008, many infants who are screened before their first birthday are shifted upward, into the 1-2 year-old category. For example, a baby born on September 30, 2007 and screened on November 30, 2007 (at 2 months of age) is counted as being from 1-2 years of age, because he or she would become 1 year of age on September 30, 2008. A concurrent shift does not occur in the denominator (item 5 of the 416 report). For this reason, we are using the numbers reported for FY 2007 as our best estimates for FY 2008. Medicaid subsequently provided us with detailed, complex instructions that might enable us to recalculate this indicator for 2008 in a manner that is consistent with methods previously used by Medicaid, and we will seek to do so by 2010.

Trends:

Based on items 5 and 6 of the Medicaid EPSDT participation reports through FY 2007, the estimated percentage of Medicaid infants who received a periodic screen was 90.1% in 2003, increased to 92.4% in 2004 and to 94.2% in 2005, declined slightly to 93.4% in 2006, and increased again to 96.1% in 2007.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2007**Field Note:**

See year 2008 field note concerning methods.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2006**Field Note:**

See year 2008 field note concerning methods.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	81.9	94.3	96.7	94.7	95.2
Numerator	222	82	208	213	256
Denominator	271	87	215	225	269

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The source document for the 2008 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2008."

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The source document for the 2007 estimate is: Alabama's submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2007."

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The source document for the 2006 estimate is: Alabama's December 2006 submission of the "Framework for the Annual Report of the State Children's Health Insurance Plans under Title XXI of the Social Security Act. FY 2006."

In FY 2006, after considering methodological issues involved, ALL Kids staff and Maternal and Child Health Epidemiology Branch staff agreed that a standardized measure used in annual reports produced by ALL Kids would provide the best available estimate for the proportion of ALL Kids-enrolled infants who receive 1 or more well child visits. (ALL Kids is Alabama's State Children's Health Insurance Program [SCHIP].) The indicator chosen via this consultation is based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS [TM]), and reports well child visits in the first 15 months of life. In these field notes, this chosen indicator is subsequently termed the "HEDIS-based indicator." Estimates for all years shown are those reported for the HEDIS-based indicator.

Reasons for choosing the HEDIS-based indicator are detailed in the narrative discussion of this health systems capacity indicator. Basically, the HEDIS-based indicator pertains to children who turned 15 months old during the reporting year and who were continuously enrolled in ALL Kids from 31 days of age. Per the ALL Kids' federally submitted FY 2006 Annual Report, the "Definition of Population Included" in the HEDIS-based indicator is: the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled from 31 days of age and who received either 0, 1, 2, 3, 4, 5, 6 or more well child visits with a primary care provider during their first 15 months of life.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>79.8</u>	<u>78.6</u>	<u>76.4</u>	<u>73.9</u>	<u></u>
<b>Numerator</b>	<u>47,024</u>	<u>47,182</u>	<u>47,893</u>	<u>47,318</u>	<u></u>
<b>Denominator</b>	<u>58,956</u>	<u>60,065</u>	<u>62,686</u>	<u>63,994</u>	<u></u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data Issues:

All estimates are for calendar years.

Due to staffing changes and, presumably, slight changes in the programming for estimating the Kotelchuck Index, the current estimates for 2004 and 2005 differ slightly from those shown above. However, the Title V Information System does not allow us to directly revise estimates for those years. Per updated estimates, of live births to 15-44 year-old Alabama residents, the percentage for whom the observed to expected prenatal visits was greater than or equal to 80% per the Kotelchuck Index was as follows: 77.6% (45,771/58,956) in 2004 and 77.6% (46,599/60,065) in 2005.

Trends:

Overall, comparing 3-year periods, this indicator declined by 1.4%: from 77.0% (139,880/181,645) in 2000-02 to 75.9% (141,810/186,745) in 2005-07. With respect to individual years, from a baseline of 76.1% in 2000, the indicator increased slightly 3 years successively, bringing it to 78.5% in 2003. However, the indicator then declined to 77.6% in 2004, where it remained in 2005. It then declined 2 successive years and was 73.9% in 2007. That is, for Alabama residential live births in 2007 to 15-44 year-old mothers, 73.9% of infants were born to mothers who had received adequate or adequate plus prenatal care per the Kotelchuck Index.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

See year 2007 field note concerning data issues.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	87.1	88.9	88.5	89.6	91.1
<b>Numerator</b>	403,378	417,705	442,295	413,797	419,912
<b>Denominator</b>	463,226	469,972	499,796	462,044	460,708

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Issues:

All estimates are for fiscal years.

The numerator and denominator were provided by the Alabama Medicaid Agency (Medicaid) on April 3, 2009, based on that agency's query of their data system.

Trends:

Assuming comparable methods (see field notes for 2006 and 2007), from a baseline of 85.9% in 2003, this indicator increased slightly in all years except 2006. Comparing 3-year periods, the indicator increased by 2.7% overall: from 87.3% (1,207,707/1,383,104) in 2003-05 to 89.7% (1,276,004/1,422,548) in 2006-08. The reason for the decline in the number of children enrolled in Alabama Medicaid in FY 2007 relative to FY 2006 is discussed in the narrative for this indicator. The number of enrollees again declined in FY 2008, though not as strikingly.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Issues:

The numerator and denominator were provided by Medicaid, based on that agency's query of their data system, on April 15, 2008. The numerator and denominator are notably less than those reported for 2006, but the percentage is about the same as that reported for 2006. For 2 reasons, we cannot determine whether the methods used for the 2006 and 2007 numbers were precisely comparable: A log documenting how the query was made is not available, and staff turnover has occurred. That is, the Alabama Department of Public Health (ADPH) staff member who made the request for 2006 and the Medicaid staff member who provided the requested numbers for that year are no longer with their respective agencies. However, documentation available for ADPH's corresponding request for 2006 and Medicaid's reply for 2006 were reviewed, and each agency sought to duplicate the methods used for the 2006 estimate.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

The HCFA-2082 report from which previous years' data were compiled is no longer produced for Medicaid.

The FY 2006 estimate is from Medicaid's query system and may not be comparable to estimates for prior years.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>49.8</u>	<u>51.4</u>	<u>53.0</u>	<u>65.3</u>	<u>58.8</u>
<b>Numerator</b>	<u>46,860</u>	<u>49,619</u>	<u>52,976</u>	<u>64,652</u>	<u>57,679</u>
<b>Denominator</b>	<u>94,101</u>	<u>96,606</u>	<u>99,995</u>	<u>99,022</u>	<u>98,055</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

All estimates are for fiscal years (FYs).

The source document is "Form CMS-416: Annual EPSDT Participation Report" for FY 2008, which was provided by the Alabama Medicaid Agency. The numerator is "Total Eligibles Receiving Any Dental Services" (line 12a of the report), and the denominator is "Total individuals eligible for EPSDT" (line 1 of the report).

Trends:

From a baseline of 46.5% in 2003, this indicator increased each year through 2007, when it was notably higher than in previous years during the surveillance period. It then declined to 58.8% in 2008. Though this indicator was lower in 2008 than in 2007, the 2008 estimate was at the 2nd highest level for the surveillance period. Comparing 3-year periods, the percent of EPSDT-eligible children in this age group who received any dental service increased by 19.8%: from 49.3% (139,253/282,634) in 2003-05 to 59.0% (175,307/297,072) in 2006-08.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The source document is: Alabama Title XIX Annual EPSDT Participation Report, FY 2007.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The source document is: Alabama Title XIX Annual EPSDT Participation Report, FY 2006.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>16.2</u>	<u>15.1</u>	<u>13.6</u>	<u>14.5</u>	<u>14.7</u>
<b>Numerator</b>	<u>3,824</u>	<u>3,591</u>	<u>3,298</u>	<u>3,533</u>	<u>3,651</u>
<b>Denominator</b>	<u>23,677</u>	<u>23,845</u>	<u>24,186</u>	<u>24,442</u>	<u>24,772</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The denominator was provided to each state by the Social Security Administration (SSA) for fiscal year (FY) 2008. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered Supplemental Security Income (SSI) payments as of December 2008. The file is in Characteristic Extract Record format and is 100% data. The numerator is programmatic data based on a database match between Children's Rehabilitation Service and the Alabama Medicaid Agency.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The denominator was provided to each state by the SSA for FY 2007. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2007. The file is in Characteristic Extract Record format and is 100% data. The numerator is programmatic data based on a database match between Children's Rehabilitation Service and the Alabama Medicaid Agency.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The denominator was provided to each state by the SSA for FY 2006. It represents the number of children in Alabama who were under age 16 years and were receiving federally administered SSI payments as of December 2006. The file is in Characteristic Extract Record format and is 100% data. The numerator is programmatic data based on a database match between Children's Rehabilitation Service and the Alabama Medicaid Agency.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: AL**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Payment source from birth certificate	<u>11.7</u>	<u>9.3</u>	<u>10.4</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Payment source from birth certificate	<u>11</u>	<u>9.1</u>	<u>10</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>70.2</u>	<u>87.4</u>	<u>79.2</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>66.7</u>	<u>80.5</u>	<u>73.9</u>



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: AL**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>133</u> <u>100</u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>133</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: AL**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u> ) (Age range <u>6</u> to <u>18</u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>200</u> <u>200</u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Medicaid covers infants whose household income is at or below 133% of the federal poverty level (FPL).
- 2. Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Medicaid has 2 age-specific income criteria for children and youth: 0-5 years inclusive and 6-18 years inclusive. For 0-5 year-olds, the upper parameter for Medicaid is 133% of the federal poverty level (FPL). For 6-18 year-olds, the upper parameter for Medicaid is 100% of FPL.
- 3. Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
For pregnant women, the upper parameter for Medicaid eligibility is 133% of the federal poverty level (FPL).
- 4. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
SCHIP covers infants whose household income is greater than 133% of FPL, but does not exceed 200% of FPL.
- 5. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
SCHIP has 2 age-specific income criteria for children and youth: 0-5 years inclusive and 6-18 years inclusive.  
  
For 0-5 year-olds, the SCHIP eligibility specifies a household income greater than 133% of FPL, but not to exceed 200% of FPL.  
  
For 6-18 year-olds, the SCHIP eligibility specifies a household income greater than 100% of FPL, but not to exceed 200% of FPL.
- 6. Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Alabama's SCHIP covers pregnant females only if they are less than 19 years of age and already eligible for ALL Kids, with household incomes exceeding the Medicaid criterion but not exceeding 200% of the FPL.
- 7. Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data Issues:  
Estimates are for calendar years (CYs) and pertain to Alabama residential live births. Here, "Medicaid infants" pertains to those whose delivery was paid for by Medicaid, and "non-Medicaid infants" to remaining infants. As detailed in the narrative, the "non-Medicaid" group includes a typically high-risk sub-group: infants of "self paying" mothers. Therefore, the low birth weight gap between babies whose deliveries were paid for by Medicaid and babies whose deliveries were privately insured is probably wider than the gap reported for Health Systems Capacity Indicator (HSCI) #5A.  
  
For several reasons, we have insufficient information to make causal inferences about the variability (described below) of this indicator within the Medicaid and non-Medicaid group over time. First, we currently have no information about how demographic or risk-related characteristics might have changed among Medicaid-enrolled mothers and remaining mothers during the surveillance period. Additionally, as mentioned above, the non-Medicaid group combines self-paying mothers with privately insured mothers. Further, credible information about changes in the health care environment, the economic environment, and other potentially relevant factors is necessary for making well-founded inferences concerning trends in low birth weight.  
  
Trends:  
From 2000-2007, the percentage of Medicaid infants who were low birth weight ranged from 11.6% in 2001 to 12.35% in 2004. From the peak in 2004, this percentage declined (very slightly in 1 case) in 3 successive years, bringing it to 11.7% in 2007. Comparing 3-year periods, this indicator increased by 2.6% overall: from 11.7% (9,478/80,898) in 2000-02 to 12.0% (10,702/89,067) in 2005-07.  
  
Over the same period, the percentage of non-Medicaid infants who were low birth weight ranged from 8.1% in 2000 and 2001 to 9.3% in 2007. The direction of change was not consistent from year to year, but all 3 of the highest values occurred in the last 3 years of the surveillance period. That is, the percentage of non-Medicaid infants who were low birth weight was 9.2% in 2005, 9.1% in 2006, and 9.3% in 2007. Comparing 3-year periods, this indicator increased by 11.9% overall: from 8.2% (8,335/101,430) in 2000-02 to 9.2% (9,037/98,290) in 2005-07.  
  
Trends in low birth weight among the total population are discussed under Health Status Indicator #1A.  
  
For reasons discussed above, well-based causal inferences concerning the variability within the Medicaid population and within the non-Medicaid population cannot be made at this time.
- 8. Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath

**Row Name:** Infant deaths per 1,000 live births

**Column Name:**

**Year:** 2010

**Field Note:**

Data Issues:

Estimates are for CYs and pertain to Alabama residential live births. See note to HSCI #5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the infant mortality gap between the Medicaid group and the privately insured group is probably wider than the gap reported for HSCI #5B.

For reasons discussed in the note to HSCI #5A, we have insufficient information to make causal inferences about the variability (described below) of this indicator over time.

Trends:

Three-year infant mortality rates are discussed here in order to minimize random fluctuation due to small numbers in the statistical sense. The surveillance period is from 2000-02 through 2005-07. The infant mortality rate is reported as the number of infant deaths (under 1 year of age) per 1,000 live births in the population of interest. Deaths were selected according to the residence of the decedent, and births were selected according to the residence of the mother.

Among Medicaid infants, from a baseline of 11.3 deaths per 1,000 (914/80,898) in 2000-02, the infant mortality rate declined 3 times in a row to reach 10.5 deaths per 1,000 in 2003-05. The rate remained there in 2004-06, but increased to 10.8 deaths per 1,000 (961/89,067) in 2005-07. Comparing 2005-07 to 2000-02, the rate declined by 4.5% overall.

Among non-Medicaid infants, from a baseline of 7.7 deaths per 1,000 (785/101,430) in 2000-02, the infant mortality rate declined 2 times in a row to reach 7.3 deaths per 1,000 in 2002-04. The rate then increased 3 times in succession, however, to reach 8.2 deaths per 1,000 (810/98,290) in 2005-07: its highest level during the surveillance period. Comparing 2005-07 to 2000-02, the infant mortality rate among non-Medicaid infants increased by 6.5%. Better understanding this increase will require concurrent stratification by source of payment (Medicaid, private insurance, and self pay), race, and maternal age. Such stratification will be performed as part of the FY 2009-10 maternal and child health needs assessment.

Among the total group of infants, from a baseline of 9.3 deaths per 1,000 (1,699/182,328) in 2000-02, the infant mortality rate declined 2 times in a row to reach 8.9 deaths per 1,000 in 2002-04. The rate remained there in 2003-05, but then increased 2 times in succession and was 9.5 deaths per 1,000 (1,771/187,357) in 2005-07: its highest level during the surveillance period. Comparing 2005-07 to 2000-02, the rate increased by 1.4% overall.

**9. Section Number:** Form18\_Indicator 05

**Field Name:** CareFirstTrimester

**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

**Column Name:**

**Year:** 2010

**Field Note:**

Data Issues:

Estimates are for CYs and pertain to Alabama residential live births. See note to HSCI #5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the gap between the Medicaid group and the privately insured group with respect to early prenatal care is probably wider than the gap reported for HSCI #5C.

For reasons discussed in the note to HSCI #5A, we have insufficient information to make causal inferences about the variability (described below) of this indicator over time.

Trends:

This discussion pertains to the percentage of infants in the specified category whose mother had received early (in the 1st trimester) prenatal care. As detailed below, for all 3 groups (Medicaid, non-Medicaid, and total), the lowest (worst) prevalence of early prenatal care during the surveillance period occurred in 2007.

Among Medicaid infants, from a baseline of 71.1% in 2000, this indicator tended to increase earlier in the decade and reached 75.9% in 2004. (The exception was in 2001, when it declined to 70.6%). The indicator then declined 3 years in a row, dipping to 70.2% in 2007. Comparing 2007 to 2000, the percentage of Medicaid infants whose mother had received early prenatal care declined (worsened) slightly, by 1.3%: from 71.1% (19,831/27,911) in 2000 to 70.2% (21,486/30,624) in 2007.

Among non-Medicaid infants, from a baseline of 91.6% (32,296/35,255) in 2000, this indicator declined in each successive year. Thus, in 2007, 87.4% (29,332/33,556) of non-Medicaid infants were born to mothers who had received early prenatal care. Comparing 2007 to 2000, this indicator declined by 4.6% overall in this population.

Among the total group of infants, from a baseline of 82.5% in 2000, this indicator tended to increase earlier in the decade and reached 83.7% in 2004. The indicator then declined 3 years in succession, dipping to 79.2% in 2007. Comparing 2007 to 2000, the percentage of all infants whose mother had received early prenatal care declined by 4.1%: from 82.5% (52,127/63,166) in 2000 to 79.2% (50,818/64,180) in 2007.

Better understanding the aforesaid negative trends will require stratification by several variables, such as source of payment (Medicaid, private insurance, and self pay), race, maternal age, and ethnicity. Such stratification will be performed as part of the FY 2009-10 needs assessment.

**10. Section Number:** Form18\_Indicator 05

**Field Name:** AdequateCare

**Row Name:** Percent of pregnant women with adequate prenatal care

**Column Name:**

**Year:** 2010

**Field Note:**

In previous years, Title V Information Reporting System staff stated that the percentage reported for "All" in HSCI #5D should match that for the corresponding year for HSCI #4. Therefore, because HSCI #4 pertains to women 15 through 44 years of age, the percentages shown for HSCI #5D also pertain to women 15 through 44 years of age.

Data Issues:

Estimates are for calendar years and pertain to Alabama residential live births to women from 15 through 44 years of age. See note to HSCI #5A for composition of the Medicaid and non-Medicaid groups. Because the non-Medicaid group includes a typically high-risk sub-group, the gap between the Medicaid group and the privately insured group with respect to prenatal care is probably wider than the gap reported for HSCI #5D.

For reasons discussed in the note to HSCI #5A, we have insufficient information to make causal inferences about the variability (described below) of this indicator over time.

Trends:

This discussion pertains to the percentage of infants in the specified category whose mother had received adequate or "adequate plus" prenatal care, as defined per the Kotelchuck Index. As detailed below, for all 3 groups (Medicaid, non-Medicaid, and total), the lowest value for this indicator during the surveillance period occurred in 2007.

Among Medicaid infants, from a baseline of 67.5% in 2000, this indicator increased early in the decade and reached 72.6% in 2003. The indicator then declined 4 years in a row, dropping to 66.7% in 2007. Comparing 2007 to 2000, the percentage of Medicaid infants whose mother had received adequate or adequate plus prenatal care declined slightly, by 1.1%: from 67.5% (18,723/27,740) in 2000 to 66.7% (20,361/30,505) in 2007.

Among non-Medicaid infants, from a baseline of 82.9% (29,175/35,194) in 2000, this indicator increased in to 84.7% in 2001, but then declined in every year except 2005. Thus, in 2007, 80.5% (26,957/33,489) of non-Medicaid infants were born to mothers who had received adequate or adequate plus prenatal care. Comparing 2007 to 2000, this indicator declined by 2.9% overall.

Among the total group of infants, from a baseline of 76.1% in 2000, this indicator increased 3 years in a row to reach 78.5% in 2003. It then declined or remained stable each year, dropping to 73.9% in 2007. Comparing 2007 to 2000, the percentage of all infants whose mother had received adequate or adequate plus prenatal care declined by 2.8%: from 76.1% (47,898/62,934) in 2000 to 73.9% (47,318/63,994) in 2007.

Better understanding the aforesaid negative trends will require stratification by several variables, such as source of payment (Medicaid, private insurance, and self pay), race, maternal age, and ethnicity. Such stratification will be performed as part of the FY 2009-10 needs assessment.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: AL**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	2	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: AL**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Form19\_Indicator 09A

**Field Name:** BirthDefects

**Row Name:** Annual birth defects surveillance system

**Column Name:**

**Year:** 2010

**Field Note:**

The Alabama Department of Rehabilitation Services (ADRS) and the University of South Alabama (USA) have a memorandum of understanding that promotes tracking and follow up of newborns identified with congenital anomalies. USA encourages primary care providers to refer such newborns to the Alabama Early Intervention System (EIS) for services and to Children's Rehabilitation Service for care coordination and specialty medical care as appropriate. Data are periodically shared between ADRS and USA to ascertain the number of such newborns who have received services from EIS and CRS.

2. **Section Number:** Form19\_Indicator 09A

**Field Name:** RecentMother

**Row Name:** Survey of recent mothers at least every two years (like PRAMS)

**Column Name:**

**Year:** 2010

**Field Note:**

The Alabama PRAMS database is administratively located in the Alabama Department of Public Health's Center for Health Statistics (CHS). CHS staff produce an annual report on Alabama PRAMS and respond promptly to requests for particular analyses. Although CHS staff would make the electronic database available to the Bureau of Family Health Services' Maternal and Child Health Epidemiology (MCH Epi) Branch upon request, MCH Epi staff have not requested direct access because competing priorities would prevent them from mastering the software used for analyzing PRAMS.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: AL**

**Form Level Notes for Form 11**

Health Status Indicators (HSIs) #4A, #4B, and #4C: Alabama does not have a database from which to directly estimate the number of nonfatal injuries. In order to meet federal reporting requirements, Bureau of Family Health Services (FHS) staff estimated the numerator for each of these indicators by multiplying a factor times the numerator for the corresponding mortality indicator (HSI #3A, #3B, or #3C). This factor is based on Kentucky's experience: that is, Kentucky's numbers for HSIs #3A-3C and #4A-4C, as reported in Kentucky's online Maternal and Child Health Services Block Grant 2003 Annual Report/2005 Application (as it appeared circa May 2005). Kentucky was chosen from several potential states because, compared to the other states under consideration, Kentucky is geographically closer to Alabama. As well, Kentucky's 2003 estimate for HSI #3A was closer to Alabama's 2003 estimate than estimates from the other states under consideration were. Therefore, the assumption underlying our estimated numbers of nonfatal injuries (HSIs #4A, #4B, and #4C) in Alabama is this: that Alabama's ratio of the number of nonfatal injuries to the corresponding number of fatal injuries (HSIs #3A, #3B, or #3C) is the same as Kentucky's ratio over a combined 3-year period, 2000-2002. Other than meeting federal reporting requirements, the only purpose served by the reported estimates for HSIs #4A, #4B, and #4C is to provide a rough, conjectural estimate of the actual number of individual Alabama residents in the specified age group who experienced the specified type of nonfatal injury.

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	10.5	10.7	10.5	10.4	
Numerator	6,204	6,428	6,616	6,695	
Denominator	59,170	60,262	62,915	64,180	

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

Estimates are for calendar years and pertain to Alabama residential live births.

**Trends:**

From a baseline of 9.7% in 2000, this indicator declined slightly to 9.6% in 2001 but then increased 4 years in a row: to reach 10.7% in 2005. It then declined in 2 successive years: so that, in 2007, 10.4% of infants born alive to Alabama residents weighed less than 2,500 grams. Comparing 3-year periods, the indicator increased by 7.8% overall: from 9.8% (17,813/182,328) in 2000-02 to 10.5% (19,739/187,357) in 2005-07.

The narrative for Health Status Indicator #2A mentions several issues to be considered when interpreting reported trends in very low birth weight (VLBW). These potential explanations, which include but are not limited to reporting issues, apply to reported trends in low birth weight (less than 2,500 grams), as well as VLBW.



**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>				
		<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>		8.4	8.7	8.5	8.6	
<b>Numerator</b>		4,815	5,035	5,176	5,306	
<b>Denominator</b>		57,101	58,180	60,638	62,001	
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer</b> <b>than 5 and therefore a 3-year moving average cannot be</b> <b>applied.</b>						
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>						
<b>Is the Data Provisional or Final?</b>					Final	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

Estimates are for calendar years and pertain to Alabama residential singleton live births.

**Trends:**

From a baseline of 7.9% in 2000, this indicator declined slightly to 7.8% in 2001 but then increased 4 years in a row: to reach 8.7% in 2005. In 2007, 8.6% of singleton infants born alive to Alabama residents weighed less than 2,500 grams. Comparing 3-year periods, the indicator increased by 8.9% overall: from 7.9% (13,884/176,154) in 2000-02 to 8.6% (15,517/180,819) in 2005-07.

The narrative for Health Status Indicator (HSI) #2A mentions several issues to be considered when interpreting reported trends in very low birth weight (VLBW). These potential explanations, which include but are not limited to reporting issues, apply to low birth weight (less than 2,500 grams), as well as to VLBW. By focusing on singleton births, HSI #1B removes the effect of potential changes in the occurrence of multiple births. However, as discussed above, the reported prevalence of low birth weight has increased somewhat among singleton live births, as well as among the total population of live births. (Trends in low birth weight among all live births are discussed under HSI #1A.)

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>2.0</u>	<u>2.1</u>	<u>2.0</u>	<u>2.1</u>	<u>          </u>
<b>Numerator</b>	<u>1,178</u>	<u>1,291</u>	<u>1,273</u>	<u>1,348</u>	<u>          </u>
<b>Denominator</b>	<u>59,170</u>	<u>60,262</u>	<u>62,915</u>	<u>64,180</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #02A

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

2. **Section Number:** Form20\_Health Status Indicator #02A

**Field Name:** HSI02A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

Estimates are for calendar years and pertain to Alabama residential live births.

**Trends:**

During the surveillance period (2000-2007), this indicator ranged from 1.97% in 2001 to 2.14% in 2005. Though the indicator did not show a consistent directional change from year to year, comparison of 3-year periods shows an overall increase. That is, comparing 3-year periods, the indicator increased by 3.0% overall: from 2.03% (3,697/182,328) in 2000-02 to 2.09% (3,912/187,357) in 2005-07. In 2007, 2.10% of Alabama residential live births weighed less than 1,500 grams.

The narrative for this health status indicator mentions several hypothetical issues, which include but are not limited to reporting issues, to be considered when interpreting reported trends in very low birth weight (less than 1,500 grams).

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.6</u>	<u>1.7</u>	<u>1.6</u>	<u>1.6</u>	<u>          </u>
<b>Numerator</b>	<u>887</u>	<u>971</u>	<u>987</u>	<u>1,022</u>	<u>          </u>
<b>Denominator</b>	<u>57,101</u>	<u>58,180</u>	<u>60,638</u>	<u>62,001</u>	<u>          </u>
<p><b>Check this box if you cannot report the numerator because</b></p> <p><b>1. There are fewer than 5 events over the last year, and</b></p> <p><b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b></p> <p><i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
<b>Is the Data Provisional or Final?</b>				Final	

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:****Data Issues:**

Estimates are for calendar years and pertain to Alabama residential live births.

**Trends:**

During the surveillance period (2000-2007), this indicator ranged from 1.50% in 2001 to 1.67% in 2005. Though the indicator did not show a consistent directional change from year to year, comparison of 3-year periods shows an overall increase. That is, comparing 3-year periods, the indicator increased by 4.9% overall: from 1.57% (2,767/176,154) in 2000-02 to 1.65% (2,980/180,819) in 2005-07. In 2007, 1.65% of Alabama residential live singleton births weighed less than 1,500 grams.

The narrative for Health Status Indicator (HSI) #2A mentions several issues to be considered when interpreting reported trends in very low birth weight (VLBW, or births weighing less than 1,500 grams). These potential explanations include but are not limited to reporting issues. By focusing on singleton births, HSI #2B removes the effect of potential changes in the occurrence of multiple births. However, as discussed above, the reported prevalence of VLBW has increased slightly among singleton live births, as well as among the total population of live births. (Trends in VLBW among all live births are discussed under HSI #2A.)

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>12.7</u>	<u>13.9</u>	<u>13.6</u>	<u>11.3</u>	<u>          </u>
<b>Numerator</b>	<u>119</u>	<u>130</u>	<u>125</u>	<u>105</u>	<u>          </u>
<b>Denominator</b>	<u>935,145</u>	<u>936,034</u>	<u>922,002</u>	<u>925,353</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

The numerator is from statistical death files for Alabama residents. The International Classification of Diseases, Tenth Revision (ICD-10) cause-of-death codes have been used since 1999 (inclusive).

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated death rate per 100,000 due to unintentional injuries among children aged 14 years and younger was 13.0 (119/918,475) in 2004 and 14.3 (131/916,861) in 2005. (The preceding numerator of 131 for the year 2005 is slightly higher than that shown on Form 20. The reason for this difference is that we have expanded our SAS[TM] programming criteria to capture certain unintentional injuries that were not captured in the previous programming.)

**Trends:**

This indicator declined (improved) in 2006 and again in 2007. In 2007 the unintentional injury death rate among Alabama children aged 14 years or younger was 11.3 deaths per 100,000 children, which was the lowest rate during the surveillance period (2000-2007).

The rate showed no consistent trend from 2000-2005, when it ranged from 12.6 deaths per 100,000 in 2003 to 16.1 deaths per 100,000 in 2001. However, comparing 3-year periods, the unintentional injury death rate among Alabama residents aged 14 years and younger declined from 14.7 (408/2,780,153) per 100,000 in 2000-02 to 13.1 (361/2,764,216) per 100,000 in 2005-07: for an average annual decline of 2.3%.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	6.6	6.5	6.4	3.5	
<b>Numerator</b>	62	61	59	32	
<b>Denominator</b>	935,145	936,034	922,002	925,353	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

The numerator is from statistical death files for Alabama residents. The International Classification of Diseases, Tenth Revision (ICD-10) cause-of-death codes have been used since 1999 (inclusive).

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated death rate per 100,000 for unintentional injuries among Alabama residents aged 14 years and younger due to motor vehicle crashes was 6.75 (62/918,475) in 2004 and 6.65 (61/916,861) in 2005.

**Trends:**

This rate did not show a consistent trend from 2000-2004: ranging from 5.4 deaths per 100,000 in 2003 to 6.8 deaths per 100,000 in 2004. The rate then declined 3 years in a row, however, to reach the lowest rate during the surveillance period in 2007. In that year, the motor vehicle crash death rate (excluding injuries known to be intentional) among Alabama children aged 14 years and younger was 3.5 deaths per 100,000 children.

Comparing 3-year periods, this rate declined from 6.0 (167/2,780,153) per 100,000 in 2000-02 to 5.5 (152/2,764,216) per 100,000 in 2005-07: for an average annual decline of 1.75%.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	46.3	41.0	48.1	45.7	
<b>Numerator</b>	304	272	309	295	
<b>Denominator</b>	656,780	663,113	641,922	645,132	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

All estimates shown are for calendar years.

The numerator is from statistical death files for Alabama residents. The International Classification of Diseases, Tenth Revision (ICD-10) cause-of-death codes have been used since 1999 (inclusive).

The U.S. Census Bureau's population estimates for 15-24 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated death rate per 100,000 from unintentional injuries due to motor vehicle crashes among 15-24 year-old Alabama residents was 47.55 (304/639,328) in 2004 and 42.5 (272/639,423) in 2005.

**Trends:**

This rate has not shown a consistent trend during the surveillance period: ranging from 38.8 per 100,000 in 2003 to 48.1 per 100,000 in 2006. However, in 2007 the motor vehicle crash death rate (unintentional injuries only) among 15-24 year-old Alabama residents was 45.7 deaths per 100,000 youth: the third highest rate during the surveillance period (2000-2007). Thus, 2 of the 3 highest rates during the surveillance period occurred in 2006 and 2007.

Therefore, comparing 3-year periods, this rate increased (worsened) from 42.3 (809/1,912,145) per 100,000 in 2000-02 to 45.5 (876/1,926,477) per 100,000 in 2005-07: for an average annual increase of 1.45%.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>130.8</u>	<u>142.7</u>	<u>139.4</u>	<u>116.6</u>	<u>          </u>
<b>Numerator</b>	<u>1,223</u>	<u>1,336</u>	<u>1,285</u>	<u>1,079</u>	<u>          </u>
<b>Denominator</b>	<u>935,145</u>	<u>936,034</u>	<u>922,002</u>	<u>925,353</u>	<u>          </u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

All estimates are for calendar years.

For 2000-2002 combined, Kentucky reported 3,104 numerator events for Health Status Indicator (HSI) #4A and 302 numerator events for HSI #3A. Dividing the former by the latter yields the factor 10.27815. With 1 exception, multiplying this factor times Alabama's respective numerators for HSI #3A (fatal injuries) for 2004 through 2007 yielded the numerators shown on Form 20 for HSI #4A, which are very rough estimates. (The exception is year 2005, for which the numerator should be 1,346.) For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the roughly estimated rate per 100,000 of all nonfatal injuries among children aged 14 years and younger was 133.2 (1,223/918,475) in 2004 and 146.8 (1,346/916,861) in 2005.

**Trends:**

We do not track trends in this indicator because it is not based on actual counts of nonfatal injuries in Alabama. See the year 2007 Form 20 note to HSI #3A for trends in fatal unintentional injuries in this age group.

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

See note to year 2007.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>28.8</u>	<u>28.3</u>	<u>27.8</u>	<u>15.0</u>	<u></u>
<b>Numerator</b>	<u>269</u>	<u>265</u>	<u>256</u>	<u>139</u>	<u></u>
<b>Denominator</b>	<u>935,145</u>	<u>936,034</u>	<u>922,002</u>	<u>925,353</u>	<u></u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

All estimates are for calendar years.

For 2000-2002 combined, Kentucky reported 543 numerator events for Health Status Indicator (HSI) #4B and 125 numerator events for HSI #3B. Dividing the former by the latter yields the factor 4.34400. Multiplying this factor times Alabama's respective numerators for HSI #3B (fatal motor vehicle crash injuries) for 2004 through 2007 yielded the numerators shown on Form 20 for HSI #4B, which are very rough estimates. For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

The U.S. Census Bureau's population estimates for 0-14 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the roughly estimated rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger was 29.3 (269/918,475) in 2004 and 28.9 (265/916,861) in 2005.

**Trends:**

We do not track trends in this indicator because it is not based on actual counts of nonfatal injuries in Alabama. See the year 2007 Form 20 note to HSI #3B for trends in fatal unintentional injuries due to motor vehicle crashes in this age group.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

See note to year 2007.



**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	199.0	176.4	207.0	196.7	
<b>Numerator</b>	1,307	1,170	1,329	1,269	
<b>Denominator</b>	656,780	663,113	641,922	645,132	

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Due to the time required to receive records and edit data, final vital statistics files for 2008 are not yet available. The preliminary reporting-year files available when the Maternal and Child Health Services Block Grant annual reports/applications are being finalized for internal review (in June of the submission year) sometimes provide misleading estimates. For this reason, the year 2008 estimate is not provided. If the final files are available by August 2009, staffing resources permit us to analyze the files, and the Title V Information System can be accessed in September 2009, we will provide the 2008 estimate in September 2009.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

**Data Issues:**

All estimates are for calendar years.

For 2000-2002 combined, Kentucky reported 2,748 numerator events for Health Status Indicator (HSI) #4C and 639 numerator events for HSI #3C. Dividing the former by the latter yields the factor 4.30047. Multiplying this factor times Alabama's respective numerators for HSI #3C (fatal injuries sustained in motor vehicle crashes) for 2004 through 2007 yielded the numerators shown on Form 20 for HSI #4C, which are very rough estimates. For the underlying rationale for this method of estimating numerators, see form-level note entitled "Health Status Indicators (HSIs) #4A, #4B, and #4C."

The U.S. Census Bureau's population estimates for 15-24 year-old Alabama residents are used as denominators for 2006 onward. Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators. The 2006 and 2007 rates shown on Form 20 for this indicator are based on the population estimates for those years. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the numbers shown on Form 20 for those years use population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the roughly estimated rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15-24 years was 204.4 (1,307/639,328) in 2004 and 183.0 (1,170/639,423) in 2005.

**Trends:**

We do not track trends in this indicator because it is not based on actual counts of nonfatal injuries in Alabama. See the year 2007 Form 20 note to HSI #3C for trends in fatal unintentional injuries due to motor vehicle crashes in this age group.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

See note to year 2007 for methods used to very roughly estimate this indicator.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>30.9</u>	<u>38.1</u>	<u>51.7</u>	<u>46.7</u>	<u>47.0</u>
<b>Numerator</b>	<u>5,026</u>	<u>6,231</u>	<u>8,229</u>	<u>7,501</u>	<u>7,559</u>
<b>Denominator</b>	<u>162,823</u>	<u>163,488</u>	<u>159,300</u>	<u>160,711</u>	<u>160,711</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

All estimates are for calendar years. The numerators represents cases rather than unduplicated patient counts.

Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the denominators shown on Form 20 for those years reflect population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated chlamydia case rate per 1,000 among 15-19 year-old Alabama females was 32.4 (5,026/155,095) in 2004 and 39.7 (6,231/156,925) in 2005. (Our population estimates are derived from a U.S. Census Bureau spreadsheet, "SC-EST2007-alldata6," which includes 6 race groups.)

Because we do not have a population estimate for 2008 for 15-19 year-old Alabama females, we are using the estimate for 2007 as our best estimate for 2008.

Ascertainment bias, discussed in the narrative, may partially account for the reported increase in 2006.

**Trends:**

The surveillance period for this discussion of trends is 2003-2008. From a baseline of 34.1 cases per 1,000 in 2003, the reported chlamydia case rate among 15-19 year-old Alabama females increased 3 years in a row, peaking at 51.7 cases per 1,000 in 2006. The rate then declined to 46.7 cases per 1,000 in 2007 and remained at about the same level in 2008. As mentioned above and further discussed in the narrative, the reported increase in 2006 may be partly due to ascertainment bias.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>9.6</u>	<u>12.9</u>	<u>16.9</u>	<u>14.2</u>	<u>13.4</u>
<b>Numerator</b>	<u>7,721</u>	<u>10,359</u>	<u>13,211</u>	<u>11,131</u>	<u>10,486</u>
<b>Denominator</b>	<u>804,901</u>	<u>803,448</u>	<u>783,556</u>	<u>781,927</u>	<u>781,927</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data Issues:

All estimates are for calendar years. The numerators represents cases rather than unduplicated patient counts.

Because population projections become unreliable a few years out from census years, we are now using population estimates as denominators when analyzing trends. However, the Web-based Title V Information System does not allow us to directly change estimates for 2004 and 2005, so the denominators shown on Form 20 for those years reflect population projections provided by Alabama's Center for Business and Economic Research. These projections are not comparable to population estimates. Using population estimates as denominators, the estimated chlamydia case rate per 1,000 among 20-44 year-old Alabama females was 9.8 (7,721/786,645) in 2004 and 13.2 (10,359/783,642) in 2005. (Our population estimates are derived from a U.S. Census Bureau spreadsheet, "SC-EST2007-alldata6," which includes 6 race groups.)

Because we do not have a population estimate for 2008 for 20-44 year-old Alabama females, we are using the estimate for 2007 as our best estimate for 2008.

Ascertainment bias, discussed in the narrative, may partially account for the reported increase in 2006.

Trends:

The surveillance period for this discussion of trends is 2003-2008. From a baseline of 9.1 cases per 1,000 in 2003, the reported chlamydia case rate among 20-44 year-old Alabama females increased 3 years in a row, peaking at 16.9 cases per 1,000 in 2006. The rate then declined to 14.2 cases per 1,000 in 2007 and declined again, to 13.4 cases per 1,000 in 2008. As mentioned above and further discussed in the narrative, the reported increase in 2006 may be partly due to ascertainment bias.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
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**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	62,390	39,548	20,452	354	629	35	1,372	0
Children 1 through 4	245,844	162,085	75,215	899	2,783	86	4,776	0
Children 5 through 9	306,870	202,929	93,891	1,297	2,973	118	5,662	0
Children 10 through 14	310,249	202,464	98,555	1,607	2,748	144	4,731	0
Children 15 through 19	326,423	209,428	108,493	1,972	2,475	158	3,897	0
Children 20 through 24	318,709	206,935	102,530	2,190	3,518	150	3,386	0
Children 0 through 24	1,570,485	1,023,389	499,136	8,319	15,126	691	23,824	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	58,373	4,017	0
Children 1 through 4	230,926	14,918	0
Children 5 through 9	293,558	13,312	0
Children 10 through 14	299,957	10,292	0
Children 15 through 19	317,922	8,501	0
Children 20 through 24	309,521	9,188	0
Children 0 through 24	1,510,257	60,228	0

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**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	136	41	94	0	0	0	0	1
Women 15 through 17	2,789	1,460	1,274	12	12	0	0	31
Women 18 through 19	5,851	3,395	2,346	20	24	0	0	66
Women 20 through 34	49,485	33,634	14,563	144	751	2	0	391
Women 35 or older	5,910	4,415	1,308	11	146	1	0	29
Women of all ages	64,171	42,945	19,585	187	933	3	0	518

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	122	14	0
Women 15 through 17	2,538	249	2
Women 18 through 19	5,348	500	3
Women 20 through 34	45,294	4,171	20
Women 35 or older	5,499	406	5
Women of all ages	58,801	5,340	30

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**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	641	345	285	2	5	0	0	4
Children 1 through 4	76	38	38	0	0	0	0	0
Children 5 through 9	66	39	26	0	1	0	0	0
Children 10 through 14	55	35	19	0	0	0	0	1
Children 15 through 19	298	203	94	0	1	0	0	0
Children 20 through 24	520	353	163	1	2	0	0	1
Children 0 through 24	1,656	1,013	625	3	9	0	0	6

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	603	38	0
Children 1 through 4	71	5	0
Children 5 through 9	63	3	0
Children 10 through 14	50	5	0
Children 15 through 19	288	10	0
Children 20 through 24	485	35	0
Children 0 through 24	1,560	96	0

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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,251,776	816,454	396,606	6,129	11,608	541	20,438	0	2007
Percent in household headed by single parent	29.6	17.9	56.8	26.0	13.9	32.1	32.7	23.8	2007
Percent in TANF (Grant) families	2.6	1.2	5.5	0.9	0.4	3.1	0.0	0.0	2006
Number enrolled in Medicaid	505,989	241,273	249,896	1,720	2,875	0	0	10,225	2006
Number enrolled in SCHIP	87,081	53,928	30,340	715	830	24	0	1,244	2007
Number living in foster home care	5,791	2,888	2,795	16	9	8	0	75	2008
Number enrolled in food stamp program	282,178	107,856	165,884	5,770	831	148	0	1,689	2007
Number enrolled in WIC	152,364	80,454	65,670	1,215	883	516	3,626	0	2007
Rate (per 100,000) of juvenile crime arrests	5,099.0	4,163.7	6,959.3	0.0	0.0	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	2.5	2.2	2.9	1.1	0.7	0.0	0.0	4.0	2007

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	1,200,736	51,040	0	2007
Percent in household headed by single parent	29.6	25.7	0.0	2007
Percent in TANF (Grant) families	2.6	0.9	0.0	2006
Number enrolled in Medicaid	473,389	26,222	6,378	2006
Number enrolled in SCHIP	84,100	2,887	94	2007
Number living in foster home care	5,570	207	14	2008
Number enrolled in food stamp program	279,012	3,166	0	2007
Number enrolled in WIC	134,060	18,304	0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	5,099.0	2007
Percentage of high school drop-outs (grade 9 through 12)	2.4	4.0	23.6	2007

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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	902,142
Living in urban areas	693,985
Living in rural areas	557,791
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>1,251,776</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	4,566,000.0
Percent Below: 50% of poverty	6.1
100% of poverty	14.5
200% of poverty	33.9

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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,119,000.0
Percent Below: 50% of poverty	9.7
100% of poverty	22.5
200% of poverty	41.8



## FORM NOTES FOR FORM 21

Indicators 6A and 6B:

Numbers shown in HSIs #6A-6B are population estimates for calendar year 2007 and are derived from a U.S. Census Bureau spreadsheet, "SC-EST2007-alldata6-AL-MO," which provides estimates for the total population and 6 race groups. The spreadsheet was downloaded from the U.S. Census Bureau Web site on December 8, 2008. Per our review of this site on May 11, 2009, no corresponding file that includes the year 2008 is posted.

Indicators 7A and 7B:

For HSIs #7A and 7B, race and ethnicity are reported as the race and ethnicity of the mother. For these indicators, the "Women of all ages" row excludes the 9 births where maternal age was not reported. With respect to race, 2 of the 9 infants were White and 7 were of unknown race. With respect to ethnicity, 1 of the infants was not Hispanic, 2 were Hispanic, and 6 were of unknown ethnicity.

The database used, which consists of Alabama live birth records, does not have a multiple-race category.

Indicator 8A:

The database used for HSI #8A consists of Alabama death records. This database does not have a multiple-race category.

## FIELD LEVEL NOTES

**1. Section Number:** Form21\_Indicator 07A

**Field Name:** Race\_Women15

**Row Name:** Women < 15

**Column Name:**

**Year:** 2010

**Field Note:**

For each age category in this table, Non-Hawaiian "Other Asian or Pacific Islanders" are included in the count of Asians, and race pertains to that of the mother.

For all maternal age groups, the "Other and Unknown" racial category in this table includes cases where race was not reported, as well as cases where the mother's race was coded as "Other Entries" in the computerized birth records. The narrative for this health status indicator (HSI) separates this category into 2 groups: 1) cases where race was not reported, and 2) cases where race was coded as "Other Entries." The latter group consists of races not fitting into the 5 single-race categories specified for this HSI. Alabama computerized birth files do not include a multiple-race category.

There were 64,180 Alabama residential live births in 2007. However, this table excludes the 9 infants whose mother's age was not reported. The narrative for this HSI pertains to all of the 64,180 residential live births, so some numbers in this table do not match numbers cited in the corresponding narrative.

**2. Section Number:** Form21\_Indicator 07A

**Field Name:** Race\_Women20to34

**Row Name:** Women 20 through 34

**Column Name:**

**Year:** 2010

**Field Note:**

.

**3. Section Number:** Form21\_Indicator 07B

**Field Name:** Ethnicity\_Women15

**Row Name:** Women < 15

**Column Name:**

**Year:** 2010

**Field Note:**

There were 64,180 Alabama residential live births in 2007. However, this table excludes the 9 infants whose mother's age was not reported. The narrative for this HSI pertains to all of the 64,180 residential live births, so some numbers in this table do not match numbers cited in the corresponding narrative.

**4. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_Children

**Row Name:** All children 0 through 19

**Column Name:**

**Year:** 2010

**Field Note:**

All Children 0 Through 19 by Race:

Numbers shown are population estimates for calendar year 2007 and are derived from a U.S. Census Bureau spreadsheet, "SC-EST2007-alldata6-AL-MO," which provides estimates for the total population and 6 race groups. The spreadsheet was downloaded from the U.S. Census Bureau Web site on December 8, 2008. Per our review of this site on May 11, 2009, no corresponding file that includes the year 2008 is posted.

**5. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_SingleParentPercent

**Row Name:** Percent in household headed by single parent

**Column Name:**

**Year:** 2010

**Field Note:**

Percent in Household Headed by Single Parent by Race:

The data for the percent in household headed by single parent do not change annually as this information is only available during censal years.

The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data for 2000. The Title V Information System selection box for "Specific Reporting Year" does not provide "2000" as an option.

Numbers shown are for the 0-17 year group, since data are available only for this group.

**6. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_TANFPercent

**Row Name:** Percent in TANF (Grant) families

**Column Name:**

**Year:** 2010

**Field Note:**

Percent in TANF (Grant) Families by Race:

Numbers for this item were derived from numbers provided by the Alabama Department of Human Resources (DHR).

As of December 31, 2006, a total of 31,865 children and youth (0-19 years of age) lived in households that received Family Assistance (TANF) in Alabama. The total number of families receiving TANF was 18,095.

The race-specific numbers of children and youth living in households receiving TANF were not provided by DHR, but the race-specific numbers of TANF households were provided. Therefore, the race-specific numbers of children and youth living in households receiving TANF were estimated by multiplying each race-specific number of households receiving TANF by a factor derived as follows: the total number of children and youth in TANF households (31,865) divided by the total number of households receiving TANF (18,095). The factor yielded by this method was 1.76098. For example, 5,353 White households received TANF. Multiplying 5,353 by the unrounded factor yielded 9,427, which is our estimate for the number of White children and youth living in TANF households. Using 9,427 White children and youth as the numerator and

813,532 White children and youth (from the "All children 0 through 19 row") as the denominator yields the estimate that 1.2% of White children and youth were in households receiving TANF.

The above method assumes that the ratio of the number of children and youth living in TANF households to the number of households receiving TANF is identical (1.76098) in all racial categories. We do not have the data to test the correctness of this assumption.

**7. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_MedicaidNo

**Row Name:** Number enrolled in Medicaid

**Column Name:**

**Year:** 2010

**Field Note:**

Number Enrolled in Medicaid by Race:

Numbers for this item were provided by the Alabama Medicaid Agency and compiled from 2 special-run reports: "Alabama Medicaid FY 2006: Eligibles Less than 1 Year of Age by Race" and "Alabama Medicaid FY 2006: Eligibles Age 1 to 19 by Race".

The Medicaid reports did not include the race categories of "Native Hawaiian or Other Pacific Islander", or "More than 1 Race", so we do not know how many Medicaid-enrolled children and youth were in these racial categories.

The Medicaid reports did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be White when deriving numbers by race from these reports.

**8. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_SCHIPNo

**Row Name:** Number enrolled in SCHIP

**Column Name:**

**Year:** 2010

**Field Note:**

Number Enrolled in SCHIP by Race:

Numbers for this item were provided by the Alabama State Children's Health Insurance Program (SCHIP) and reflect enrollment in ALL Kids for FY 2007.

The SCHIP report did not classify Hispanic individuals by race; accordingly, Hispanic individuals were assumed to be White when deriving numbers by race from this report.

SCHIP enrollment is limited to eligible persons aged 18 years and younger.

**9. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FoodStampNo

**Row Name:** Number enrolled in food stamp program

**Column Name:**

**Year:** 2010

**Field Note:**

Number Enrolled in Food Stamp Program by Race:

Numbers for this item were provided by DHR. Numbers provided by DHR and reported here cover only 64 of Alabama's 67 counties, because the remaining counties do not participate in DHR's data system. The numbers enrolled in the Food Stamp Program as of December 31, 2007 are reported here. All numbers pertain to food stamp recipients on this date in the 64 counties for which data were available.

The report provided by DHR shows the total number of food stamp recipients according to several age categories, including 0-11 years, 12-15 years, 16-17 years, 18-20 years, and 5 categories of older age groups. The number of 18-19 year-old recipients was estimated by multiplying 2/3 times the number reported for the 18-20 year-old group.

In the 64 counties, as of December 31, 2007, a total of 530,560 individuals (regardless of age) were receiving food stamps. Of these individuals, 282,178 were 0-19 years of age. Age of food stamp recipients was not reported according to race. To estimate the number of 0-19 year-old food stamp recipients according to race, we multiplied the proportion of all food stamp recipients who were 19 years of age or younger (282,178/530,560, or .531849) times each race-specific number of food stamp recipients. This method assumes an identical age distribution across racial categories of food stamp recipients, and we do not have data to test the correctness of this assumption.

**10. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2010

**Field Note:**

Number Enrolled in WIC by Race:

Numbers reported here are provided by the Alabama Department of Public Health's (ADPH's) Bureau of Information Technology and represent an unduplicated count of WIC enrollees. Race and ethnicity are self-reported by WIC recipients. These numbers represent WIC enrollment through December 31, 2007.

**11. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2010

**Field Note:**

Rate of Juvenile Crime Arrests by Race:

Numerators were derived from the Alabama Criminal Justice Information Center's (CJIC's) Web site and represent arrests in Alabama in 2007. The aforesaid Web site reports "Part I" and "Part II" arrests for all ages combined and for multiple age groups. Part I crimes pertain to more serious criminal acts, and Part II crimes to less serious offenses. Three age groups (under 18 years, 18 years, and 19 years) were summed to calculate Part I and Part II arrests for persons aged 19 years or younger. The numbers of Part I and Part II arrests in this age group were then summed to calculate the total number of arrests of persons aged 19 years or younger (31,559 arrests). Presumably, virtually all arrests in this age group involved youth whose ages were from 10 through 19 years.

CJIC's Web site did not report arrests according to age and race concurrently. However, it said that: Of persons arrested for Part I offenses, 49% were White and 51% were Black; and of persons arrested for Part II offenses, 56% were White and 44% were Black. To estimate the numbers of arrests of White youth and of Black youth in the 0-19 year age group, the proportion corresponding to each of the aforesaid percentages was applied to the corresponding total number of Part I and Part II arrests of 0-19 year-old persons. For example, to estimate the number of arrests of White persons aged 0-19 years in Alabama in 2006: 0.49 was multiplied by the number of Part I arrests in this age group, 0.56 was multiplied by the number of Part II arrests in this age group, and the 2 resulting products were summed. A corresponding procedure using factors of 0.51 (for Part I arrests) and 0.44 (for Part II arrests) was followed to estimate the number of arrests of Black 0-19 year-old youth.

While numerators were estimated as described above, denominators are population estimates for calendar year 2007 and are derived from a U.S. Census Bureau spreadsheet as described in the note to "All children 0 through 19".

As previously stated, CJIC's Web site did not report arrests for juveniles according to race, which necessitated estimating race-specific numbers for White youth and for Black youth. These race-specific estimates assume that the racial distribution for arrests of youth was the same as that for arrests of all ages combined, and we do not have the data to test this assumption. Further, a few of the youths arrested may have been of a race other than White or Black. Because we have no data-based way of estimating the number of arrests of youths whose race was other than White or Black, zeroes have been entered into cells for these racial categories

**12. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Percentage of High School Drop-Outs by Race:  
Numbers for this item were provided by the Alabama State Department of Education (SDE).

Because the racial composition of Hispanics was unknown, the Hispanic group was added to the "Other and Unknown" category.

SDE did not report a category for "Native Hawaiian or Other Pacific Islander."

The Enrollment data for 2007 were collected in November 2006 for the 2006-2007 school year. Dropout data for 2007 were collected in October 2007 for the 2006-2007 school year.

13. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
All Children 0 Through 19 by Ethnicity:  
Numbers shown are population estimates for calendar year 2007 and are derived from a U.S. Census Bureau spreadsheet, "SC-EST2007-alldata6-AL-MO." The spreadsheet was downloaded from the U.S. Census Bureau Web site on December 8, 2008. Per our review of this site on May 11, 2009, no corresponding file that includes the year 2008 is posted.
14. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Percent in Household Headed by Single Parent by Ethnicity:  
The data for the percent in household headed by a single parent do not change annually as this information is only available during censal years.  
  
The estimates for this item were provided by the Center for Business and Economic Research and are based on Census Bureau data for 2000. The Title V Information System selection box for "Specific Reporting Year" does not provide "2000" as an option.  
  
Numbers shown are for the 0-17 year age group, since data are available only for this group.
15. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Percent in TANF (Grant) Families by Ethnicity:  
Numbers for this item were derived from numbers provided by DHR.  
  
As of December 31, 2006, a total of 31,865 children lived in households that received Family Assistance (TANF) in Alabama. The total number of households receiving Family Assistance was 18,095.  
  
As stated in the corresponding field note for Health Status Indicator (HSI) #9A, the race-specific number of children and youth living in households receiving TANF was not provided by DHR. Similarly, the number of Hispanic children and youth living in households receiving TANF was not reported by DHR, but the number of Hispanic households (245) receiving TANF was provided. Using the rationale described in the corresponding field note for HSI #9A, by multiplying 1.76098 (using the unrounded decimal) times the 245 Hispanic households, we estimated that 431.4410 Hispanic children and youth were in households receiving food stamps. Using 431.4410 Hispanic children and youth as the numerator and 47,194 Hispanic individuals (from the "All children 0 through 19" row of HSI #9B) as the denominator yields the estimate that 0.9% of Hispanic children and youth were in households receiving TANF.  
  
A corresponding procedure was used to estimate the percentage of non-Hispanic children and youth who were in households receiving TANF.  
  
The above method assumes that the ratio of the number of children and youth living in TANF households to the number of households receiving TANF is identical (1.76098) in both the Hispanic and non-Hispanic categories. We do not have the data to test the correctness of this assumption.
16. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Number Enrolled in Medicaid by Ethnicity:  
Numbers for this item were provided by the Alabama Medicaid Agency and compiled from 2 special-run reports: "Alabama Medicaid FY 2006: Eligibles Less than 1 Year of Age by Race" and "Alabama Medicaid FY 2006: Eligibles Age 1 to 19 by Race".
17. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Number Enrolled in SCHIP by Ethnicity:  
Numbers for this item were provided by Alabama's SCHIP and reflect enrollment in ALL Kids for FY 2007.
18. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Number Enrolled in Food Stamp Program by Ethnicity:  
Numbers for this item were provided by DHR. Numbers provided by DHR and reported here cover only 64 of Alabama's 67 counties, because the remaining counties do not participate in DHR's data system. The numbers enrolled in the Food Stamp Program as of December 31, 2007 are reported here. All numbers pertain to food stamp recipients on this date in the 64 counties for which data were available.

The report provided by DHR shows the total number of food stamp recipients according to several age categories, including 0-11 years, 12-15 years, 16-17 years, 18-20 years, and 5 categories of older age groups. The number of 18-19 year-old recipients was estimated by multiplying 2/3 times the number reported for the 18-20 year-old group.

In the 64 counties, as of December 31, 2007, a total of 530,560 individuals (regardless of age) were receiving food stamps. Of these individuals, 282,178 were 0-19 years of age and 5,953 were identified as being of Hispanic/Latino ethnicity. To estimate the number of 0-19 year-old food stamp recipients who were of Hispanic/Latino ethnicity, we multiplied the proportion of all food stamp recipients who were 19 years of age or younger (282,178/530,560, or .531849) times the total number of food stamp recipients of Hispanic/Latino ethnicity. This method assumes an identical age distribution across food stamp recipients of Hispanic/Latino ethnicity, and we do not have data to test the correctness of this assumption.

**19. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2010

**Field Note:**

Number Enrolled in WIC by Ethnicity:

Numbers reported here are provided by ADPH's Bureau of Information Technology and represent an unduplicated count of WIC enrollees. Race and ethnicity are self-reported by WIC recipients. These numbers represent WIC enrollment through December 31, 2007.

**20. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2010

**Field Note:**

Rate of Juvenile Crime Arrests by Ethnicity:

As detailed in the Health Status Indicator (HSI) #9A field note for this indicator, numerators for the juvenile crime arrest rate were derived from the Alabama CJIC's Web site. The aforesaid Web site did not report crimes according to ethnicity, so we cannot report the juvenile crime arrest rate according to ethnicity. For this reason, the estimated juvenile crime rate for the total population of 0-19 year-old Alabama residents is placed in the "Ethnicity Not Reported" column. Because the Title V Information System does not allow blank cells in HSI #9A or #9B, a zero is placed in each of the 2 cells intended for reporting the juvenile crime arrest rate according to ethnicity. However, the actual juvenile crime arrest rates for the 2 groups--respectively Hispanic and non-Hispanic children and youth living in Alabama--are not known.

**21. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_DropOutPercent

**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2010

**Field Note:**

Percentage of High School Drop-Outs by Ethnicity:

Numbers for this item were provided by SDE.

The Enrollment data for 2007 were collected in November 2006 for the 2006-2007 school year. Dropout data for 2007 were collected in October 2007 for the 2006-2007 school year.

The source document provided by SDE apparently reported "Ethnicity" as a single variable, with each individual classified as being of a particular race, OR as being Hispanic, OR as being "Not Reported." For this reason, the percentage for persons whose race was not reported is shown in the "Ethnicity Not Reported" column. This percentage is based on small numbers, however (63/267, or 23.6%).

**22. Section Number:** Form21\_Indicator 10

**Field Name:** Metropolitan

**Row Name:** Living in metropolitan areas

**Column Name:**

**Year:** 2010

**Field Note:**

According to the University of Alabama's Center for Business and Economic Research (CBER), in 2008, 28 Alabama counties were classified as metropolitan areas, which is the same as the corresponding number in 2006. The number shown for metropolitan areas is the total number of 0-19 year-old Alabama residents in these 28 counties in 2007, as derived from a U.S. Census Bureau spreadsheet that shows estimated populations, by age and other demographic characteristics, for all U.S. counties. (The spreadsheet, downloaded on May 12, 2009, is entitled "cc-est2007-alldata-01.")

**23. Section Number:** Form21\_Indicator 10

**Field Name:** Urban

**Row Name:** Living in urban areas

**Column Name:**

**Year:** 2010

**Field Note:**

According to information provided by CBER in 2007, age-specific numbers on urban and rural populations were compiled only for the decennial census. Also according to CBER, the urban share of the 0-19 year-old population of Alabama residents had been about 55.44% in 2000. Therefore, to estimate the number of 0-19 year-old Alabama residents in urban areas in 2007, we multiplied .5544 times the total number of 0-19 year-old Alabama residents in that year, as derived from the U.S. Census Bureau spreadsheet referenced above.

**24. Section Number:** Form21\_Indicator 10

**Field Name:** Rural

**Row Name:** Living in rural areas

**Column Name:**

**Year:** 2010

**Field Note:**

The number of 0-19 year-old Alabama children and youth living in rural areas was estimated by subtracting the number living in urban areas from the total number of 0-19 year-old Alabama residents.

**25. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_total

**Row Name:** Total Population

**Column Name:**

**Year:** 2010

**Field Note:**

The references for Health Status Indicator (HSI) #11 are online U.S. Census Bureau reports of the Current Population Survey, which is a joint effort between the Bureau of Labor Statistics and the Census Bureau. The Current Population Survey collects primarily labor force data about the civilian noninstitutionalized population, but also asks questions about military personnel who live in households with at least 1 other civilian adult (reference: U.S. Census Bureau. Source of the Data and Accuracy of the Estimates for Income, Poverty, and Health Insurance Coverage in the United States: 2007). Because the Current Population Survey is based on a sample, estimates are an approximation.

One of the reports used for HSI #11, part of the Annual Social and Economic Supplement, is entitled "POV 46: Poverty Status by State: 2007. Below 100% and 125% of Poverty--All Ages /1" (last modified on 8/26/2008). This report shows the "weighted person count" in thousands. Thus, the number shown on Form 21 for the "Total

Population" in HSI #11 is an approximation. This approximation is shown there for the sake of internal consistency within the indicator. However, a more accurate estimate of the total population of Alabama residents in 2007 is 4,627,851 (reference: an online U.S. Census Bureau report, "T6-2007. Sex By Age [39]. Data Set: 2007 Population Estimates." Accessed on 12/9/2008).

**26. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

The previously referenced report on poverty status does not provide estimates concerning household incomes below 50% of the federal poverty level (FPL), and we are not aware of any reports showing this indicator for Alabama in 2007. However, in the U.S. in 2007, 41.8124% of persons with a household income below 100% of the FPL had a household income below 50% of the FPL (reference: derived from Table 4 of the U.S. Census Bureau report, "Income, Poverty, and Health Insurance Coverage in the United States: 2007").

Per the report providing state-level estimates on poverty, in 2007 about 662,000 Alabama residents had a household income below 100% of the FPL. For estimation purposes, we assume that 41.8124% of these (about 276,798 persons) had a household income below 50% of the FPL. In this way, we estimate that, in 2007, about 6.1% of Alabama residents had a household income below 50% of the FPL. We do not have the information necessary for calculating a confidence interval for this very rough estimate.

**27. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

In 2007, 14.5% of Alabama residents had a household income less than 100% of the FPL, with a 90% confidence interval of 12.5%-16.5%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.)

**28. Section Number:** Form21\_Indicator 11

**Field Name:** S11\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

The online Current Population Survey report serving as a reference concerning household incomes below 200% of the FPL is entitled "POV46: Poverty Status by State: 2007. Below 185% and 200% of Poverty--All Ages /1" (last modified on 8/26/2008). In 2007, 33.9% of Alabama residents had a household income less than 200% of the FPL, with a 90% confidence interval of 31.1%-36.7%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.)

**29. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_Children

**Row Name:** Children 0 through 19 years old

**Column Name:**

**Year:** 2010

**Field Note:**

As detailed below, estimates shown on Form 21 for Health Status Indicator (HSI) #12 pertain to Alabama residents through 17 years of age, rather than through 19 years of age.

The references for HSI #12 are online U.S. Census Bureau reports of the Current Population Survey, which is discussed in a Form 21 note to HSI #11. One of the reports used for HSI #12 is entitled "POV 46: Poverty Status by State: 2007. Below 100% and 125% of Poverty--People Under 18 Years of Age" (last modified on 8/26/2008). This report shows the "weighted person count" in thousands. Thus, the number shown under HSI #12 (on Form 21) for "Children 0 through 19 years old" is an approximation of the number of Alabama residents under 18 years of age.

**30. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_50percent

**Row Name:** Percent Below: 50% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

As stated in the Form 21 field notes for HSI #11, we are not aware of any reports showing incomes under 50% of the federal poverty level (FPL) for Alabama in 2007. However, in the U.S. in 2007, 43.2903% of persons under 18 years of age with a household income below 100% of the FPL had a household income below 50% of the FPL (reference: derived from Table 4 of the U.S. Census Bureau report, "Income, Poverty, and Health Insurance Coverage in the United States: 2007").

Per the report providing state-level estimates on poverty in 2007, about 252,000 Alabama residents under 18 years of age had a household income below 100% of the FPL. For estimation purposes, we assume that 43.2903% of these (about 109,092 persons) had a household income below 50% of the FPL. In this way, we estimate that, in 2007, about 9.7% of Alabama residents under 18 years of age had a household income below 50% of the FPL. We do not have the information necessary for calculating a confidence interval for this very rough estimate.

**31. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_100percent

**Row Name:** 100% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

In 2007, 22.5% of Alabama residents under 18 years of age had a household income less than 100% of the FPL, with a 90% confidence interval of 18.2%-26.8%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.)

**32. Section Number:** Form21\_Indicator 12

**Field Name:** S12\_200percent

**Row Name:** 200% of poverty

**Column Name:**

**Year:** 2010

**Field Note:**

The online Current Population Survey report serving as a reference for household incomes below 200% of the FPL is entitled "POV46: Poverty Status by State: 2007. Below 185% and 200% of Poverty--People Under 18 Years of Age" (last modified on 8/26/2008). In 2007, 41.8% of Alabama residents under 18 years of age had a household income less than 200% of the FPL, with a 90% confidence interval of 36.9%-46.8%. (The confidence interval was derived from the standard error shown on the reference and the unrounded point estimate.)

**33. Section Number:** Form21\_Indicator 09A

**Field Name:** HSIRace\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2010

**Field Note:**

Number Living in Foster Home Care by Race:

The numbers for this item were provided by DHR through their "Characteristics of Children in Foster Care" report for August 2008. All numbers pertain to the characteristics of children in foster care during that month.

The above report showed numbers of individuals in foster care for each year of age through 21 years, plus a group (5 individuals) who were older than 21 years. This entire age range (0 through 21 years plus those older than 21 years) totaled 5,894 individuals. Of these 5,894 individuals, 5,791 were 19 years of age or younger.

Age of enrollees was not reported according to race. To estimate the number of 0-19 year-old individuals in foster care according to race, we multiplied the proportion of all foster care recipients who were 19 years of age or younger (5,791/5,894) times the race-specific numbers of individuals receiving foster care. The race-specific numbers did not add to total in care, so the difference between the total number of 0-19 year-old recipients and the sum across racial categories of 0-19 year-old recipients (61 individuals) was added to the unknown racial category.

**34. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIEthnicity\_FosterCare

**Row Name:** Number living in foster home care

**Column Name:**

**Year:** 2010

**Field Note:**

Number Living in Foster Home Care by Ethnicity:

Numbers for this item were provided by DHR through its "Characteristics of Children in Foster Care" report for August 2008. All numbers pertain to the characteristics of children in foster care during that month.

Per the method described in this item's field note to HSI #9A, 5,791 Alabama residents aged 19 years of age or younger were in foster care.

The report provided by DHR reported ethnicity for all children and youth enrolled in foster care--103 of whom were 20 years of age or older. Age of enrollees was not reported according to race or ethnicity. To estimate the number of 0-19 year-old Hispanic individuals in foster care, we multiplied the proportion of all foster care recipients who were 19 years of age or younger (5,791/5,894, or .9825) times the number of all Hispanic individuals of any age who were receiving foster care (211). Per this method, we estimate that 207 Hispanic individuals aged 19 years or younger received foster care.

Per the DHR report, neither race nor ethnicity was known for 14 individuals receiving foster care, and this number did not change with application of the aforesaid factor (.9825). The number of non-Hispanic persons aged 19 years or younger who received foster care was estimated by subtracting the Hispanic and "Ethnicity Not Reported" categories from the total number in this age group who received foster care (5,791 minus 207 minus 14).